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# HEALTH STATISTICS

FROM THE U. S. NATIONAL HEALTH SURVEY

## Chronic Conditions Causing Limitation of Activities

United States

July 1959 - June 1961

Statistics on persons limited in their activity and on persons limited in mobility, due to chronic conditions, by type of condition causing limitation, duration, usual activity, age, and sex. Based on data collected in household interviews during the period July 1959-June 1961.

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Anthony J. Celebrezze, Secretary

PUBLIC HEALTH SERVICE

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The U. S. National Health Survey is a continuing program under which the Public Health Service makes studies to determine the extent of illness and disability in the population of the United States and to gather related information. It is authorized by Public Law 652, 84th Congress.

### CO-OPERATION OF THE BUREAU OF THE CENSUS

Under the legislation establishing the National Health Survey, the Public Health Service is authorized to use, insofar as possible, the services or facilities of other Federal, State, or private agencies.

In accordance with specifications established by the National Health Survey, the Bureau of the Census, under a contractual arrangement, participates in most aspects of survey planning, selects the sample, collects the data, and carries out certain parts of the statistical processing.

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### SYMBOLS AND NOTES

Data not available (three dashes)----- ---

Category not applicable (three dots)----- ...

Magnitude less than one-half of the unit  
used ----- 0 or 0.0

Magnitude of the sampling error precludes  
showing separate estimates----- (\*)

NOTE: Due to rounding detailed figures  
within tables may not add to totals

# CHRONIC CONDITIONS CAUSING LIMITATION OF ACTIVITIES

## SELECTED FINDINGS

In the United States there are approximately 19 million persons in the noninstitutional population limited to some extent in their activities due to chronic disease or impairment. Activity limitation refers not only to the major activity of the person (ability to work, keep house or go to school) but also to other activities. About 3 million of these persons, or 17 percent, reported heart conditions, either alone or in conjunction with other chronic conditions, as a cause of their limitation. About 16 percent of the persons with activity limitation reported that arthritis or rheumatism contributed to their limitation. Among the 4 million persons limited to such an extent that they were unable to work, keep house, or go to school, 24 percent named heart conditions as the cause of their inability to carry on the major activity of their age-sex group, 16 percent reported arthritis or rheumatism, and 11 percent reported visual impairment.

Of the persons with activity limitation, 5 million also had some limitation of mobility, that is, their ability to move about freely was restricted to some degree as a result of chronic conditions. A person's mobility limitation may range in degree from being confined to the house all the time, except in emergencies, to being able to go outside alone but having trouble getting around alone. About one-fifth of these persons, 20 percent, attributed their mobility limitation to heart conditions, and 24 percent reported that arthritis or rheumatism contributed to their mobility limitation. Among the 915,000 persons confined to the house, 23 percent were confined because of heart conditions, 18 percent attributed their confinement

to paralysis, 17 percent attributed it to arthritis or rheumatism, and 13 percent to visual impairment.

Among the 3½ million persons under 45 years of age who could not perform, or were limited in the performance of, the major activity for their particular age-sex group, the chronic condition reported most frequently as a cause of the limitation was orthopedic impairment of the back or spine (reported by 11 percent of the persons limited). About 9 percent of the persons in this age group with limitation relating to their major activity reported mental and nervous conditions as contributing to their limitation. Among the 10½ million persons 45 years and older with limitation of their major activity, heart conditions and arthritis or rheumatism were most frequently reported as responsible for their activity limitation, with each reported by approximately one-fifth of the persons limited in major activity.

Among persons who were limited in their ability to work or keep house, heart conditions and arthritis or rheumatism were named most frequently as a cause of their limitation. However, 11 percent of the limited persons whose usual activity status was working reported impairment of the back or spine as a cause of limitation, and 12 percent of the limited persons who had been keeping house for most of the year prior to interview reported high blood pressure as a cause of their limitation.

These statistics show average prevalence during the two-year period, July 1959-June 1961, having been derived from National Health Survey household interviews conducted during that period. The estimated prevalence and duration of chronic activity limitations affecting major activity, based on data collected during July 1959-June 1960, was presented in a recent report from the U. S. National Health Survey (Series B, No. 31). Information about limitations among persons with selected impairments is presented in another report (Series B, No. 35), and additional information about persons with limitation of mobility is shown in Series B, No. 11.

## SOURCE OF DATA

The information shown in this report was gathered from respondents in some 76,000 household health interviews conducted during the 24-month period from July 1959 through June 1961 by the U. S. National Health Survey. This continuing, nationwide, probability sample of the civilian population was used to collect data about health, social, and demographic characteristics of about 250,000 household members, living at the time of interview. The sample did not include persons confined to institutions.

A further description of the statistical design of the survey, the methods of estimation, and general qualifications of the data obtained from surveys is presented in Appendix I. Since all of the data included in this report are estimates based on a sample of the population rather than on the entire population, they are subject to sampling errors. While the sampling errors for most of the estimates are of relatively low magnitude, where an estimated number or the numerator or denominator of a rate or percentage is small, the sampling error may be high. Charts from which approximate sampling errors may be estimated and instructions for their use are contained in the section, "Reliability of Estimates," in Appendix I.

Definitions of certain terms used in this report are explained in Appendix II. Since many of the terms have specialized meanings it is suggested that the reader familiarize himself with these definitions.

The sections of the survey questionnaire shown in Appendix III that apply to data presented in this report include the "illness-recall" questions (11-17); the check lists of chronic conditions and impairments (Cards A and B) used with questions 16 and 17; columns (r) and (w) with associated Cards C-G; and columns (s, t, and u) of table I of the questionnaire.

Each person who, in response to the illness-recall questions, reported one or more chronic conditions was shown one of the four Cards C-F (appropriate to his usual activity status), and asked to select the statement which best described him in relation to limitation of activity. For children and for persons not present in the household at time of interview this selection was made by the interview respondent. All persons who were limited in the performance of the major activity for their sex-age group, or who were limited in other activities, were further questioned as to the degree of limitation of mobility (Card G, Appendix III).

The categories of limitation of activity and limitation of mobility may be summarized as follows:

- A. Limitation of Activity
  1. Unable to carry on major activity (pre-school play, school, housework, or work, as appropriate).
  2. Limited in amount or kind of major activity performed.
  3. Not limited in major activity but otherwise limited (church, sports, shopping, etc.).
  4. Not limited in activities.
- B. Limitation of Mobility
  1. Confined to the house, except in emergencies.
  2. Cannot get around alone; needs the help of another person in getting around outside the house.
  3. Has trouble getting around alone; does not need help but mobility is restricted in some manner.
  4. Not limited in mobility.

If a person had stated in answer to the question about limitation of activity that he was unable to carry on his major activity or that he was limited in amount or kind of major activity, he was asked how long he had been so limited. (No information was collected as to duration of lesser limitations.) If a person was unable to work, the duration of limitation specified the length of time he had been unable to work and did not include any time he may have been limited in the amount or kind of work. However, if a person was limited in amount or kind of work, but earlier had been unable to work at all, the duration of limitation included the entire time he had been either partly or entirely limited.

## RELIABILITY OF THE DATA ON CHRONIC CONDITIONS

The health interview phase of the National Health Survey measures the presence of disease or illness in terms of cases which the respondent is aware of, remembers, and considers of sufficient importance to report. Thus, the prevalence of chronic conditions based on this kind of information may differ widely from prevalence estimates based on findings in clinical studies where conditions are detected through recognized diagnostic tests and clinically significant findings. Evidence from evaluative studies conducted to date indicates that the greater the extent of the

disability associated with the chronic illness the more likely are the conditions to be reported in the interview. The reporting is also apt to be better for the well known types of chronic disease and impairment mentioned specifically in the check lists which are read during the interview. These check lists of conditions are reproduced in Appendix III of this report.

Since the estimates in this report are restricted entirely to persons who have reported chronic disability, in the form of activity limitation or activity and mobility limitation, they represent for the most part the more severely affected persons. The reporting of these cases, by all the evidence available, should be reasonably complete. Furthermore, the selected conditions shown in the tables of the report are substantially those included in the two check lists. Hence, respondents have been asked directly about these conditions.

Nevertheless, it is also believed that certain conditions, such as mental illness or malignant neoplasms, may be reported less completely because of reluctance of family members to mention such conditions to strangers. It is also quite possible that some malignant neoplasms have been reported as benign or unspecified neoplasms because the respondent did not know or care to report that the tumor was of a malignant nature. Therefore, statistics on these two types of conditions should be considered as underestimates.

The U. S. National Health Survey has reported on research designed to evaluate problems in the reporting of chronic illness in household interviews,<sup>1 2</sup> and these reports should be read for a more complete understanding of the matters discussed in this section.

The following is a list of the 25 chronic condition groups for which statistics are presented. International Classification Code Numbers are shown for each condition group.

| Condition Groups                                                              | International Classification of Diseases Code Numbers, 1955 Revision |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Tuberculosis, all forms                                                       | 001-019                                                              |
| Malignant neoplasms                                                           | 140-205                                                              |
| Benign and unspecified neoplasms                                              | 210-239                                                              |
| Asthma-hay fever                                                              | 240-241                                                              |
| Diabetes                                                                      | 260                                                                  |
| Mental and nervous conditions                                                 | 083, 300-324                                                         |
| Heart conditions                                                              | 410-443                                                              |
| High blood pressure                                                           | 444-447                                                              |
| Varicose veins                                                                | 460, 462                                                             |
| Hemorrhoids                                                                   | 461                                                                  |
| Other conditions of circulatory system                                        | 400-402, 450-456, 463-468, 782                                       |
| Chronic bronchitis and sinusitis                                              | 502, 513                                                             |
| Other conditions of respiratory system                                        | 510-512, 514-527, 783                                                |
| Peptic ulcer                                                                  | 540-542                                                              |
| Hernia                                                                        | 560-561                                                              |
| Other conditions of digestive system                                          | 530-539, 543-553, 570, 572-587, 784, 785                             |
| Conditions of genitourinary system                                            | 590-637, 786, 789                                                    |
| Arthritis and rheumatism                                                      | 720-727                                                              |
| Other diseases of muscles, bones and joints                                   | 730-744                                                              |
| Visual impairments                                                            | -*                                                                   |
| Hearing impairments                                                           | -*                                                                   |
| Paralysis, complete or partial                                                | -*                                                                   |
| Impairments (except paralysis) of back or spine                               | -*                                                                   |
| Impairments (except paralysis and absence) of upper extremities and shoulders | -*                                                                   |
| Impairments (except paralysis and absence) of lower extremities and hips      | -*                                                                   |

\*Impairments are classified by means of a special supplementary code, which is used to group them according to the type of functional impairment and etiology. A recent report from the U. S. National Health Survey (Series B, No. 35) presents a more complete explanation of the classification of impairments.

## CHRONIC CONDITIONS CAUSING LIMITATION

Of the 74 million persons in the population who had one or more chronic conditions reported in interviews, approximately one in four had some degree of activity limitation caused by his chronic illness (table 10). Degrees of limitation included complete inability to perform the major activity of the person's age-sex group, limitation in relation to amount or kind of this activity, as well as lesser limitation unrelated to major activity.

<sup>1</sup>Sagen, O.K., Dunham, R.E., and Simmons, W.R.: *Health Statistics From Record Sources and Household Interviews Compared. Proceedings of the Social Statistics Section. American Statistical Association, Washington, D.C., 1959. pp. 6-14.*

<sup>2</sup>U. S. National Health Survey. *Health Interview Responses Compared With Medical Records. Health Statistics. Series D-5, PHS Pub. No. 584-D5. Public Health Service. Washington, D. C., June 1961. p. 2.*



## Multiple Conditions Per Person

Persons with chronic activity limitation each had an average of one reported chronic condition (table A). As the degree of limitation of activity increased in severity the number of chronic conditions per person also increased. However, among the persons with mobility limitation, each person had an average of about two chronic conditions, regardless of the degree of mobility limitation. Persons with mobility limitation had about the same average number of chronic conditions as persons who were unable to carry on their major activity. The tabulations prepared from the raw data do not include a distribution of persons with mobility limitation by degree of activity limitation. Therefore it is not possible at present to determine whether the people who had the most severe activity limitations comprise the largest portion of the persons with mobility limitation.

### Leading Causes of Limitation

Tables 1 and 2 show the distribution of the 25 selected condition groups by degree of limitation and the number and percentage of all limited persons in each category who reported one or more of the selected chronic conditions as causing the limitation of activity. Before discussing these tables it should be noted that the first line in each of tables 1 through 9 represents the total

number of persons with a specific type of limitation as shown in tables 10-15. The remaining lines in tables 1-9 show the number or percentage of the total number of limited persons who have one of the 25 selected chronic condition groups. The summation of numbers or percentages may add to more than the total if limited persons have more than one of the selected condition groups. On the other hand, the sum may be less than the total because the selected list does not include other types of conditions which may cause limitation.

The leading cause of activity limitation, heart conditions, was reported to have caused about 17 percent of all activity limitations (fig. 1). The next highest cause of activity limitation was arthritis and rheumatism with about 16 percent of the total. Among persons with limitation not affecting major activity, heart conditions and arthritis or rheumatism were each reported as causing about 13 percent of these limitations (table 2). Among the persons who were limited in amount or kind of major activity, heart conditions and arthritis or rheumatism were each reported as causing 16 and 18 percent, respectively. Heart conditions were reported as causing about 24 percent of the activity limitations among persons unable to carry on their major activity.

Table 1 also shows the number of selected types of chronic conditions occurring among persons with limitation of mobility. These chronic

Table A. Average number of chronic conditions per person with limitation of activity and mobility: United States, July 1959-June 1961

| Limitation of activity and mobility                           | Persons limited in thousands | Number of chronic conditions reported in thousands | Average number of chronic conditions per person |
|---------------------------------------------------------------|------------------------------|----------------------------------------------------|-------------------------------------------------|
| All degrees of activity limitation-----                       | 19,273                       | 27,205                                             | 1.4                                             |
| With limitation, but not in major activity <sup>1</sup> ----  | 5,056                        | 6,050                                              | 1.2                                             |
| Limited in amount or kind of major activity <sup>1</sup> ---- | 10,243                       | 14,307                                             | 1.4                                             |
| Unable to carry on major activity <sup>1</sup> -----          | 3,974                        | 6,848                                              | 1.7                                             |
| All degrees of mobility limitation-----                       | 4,766                        | 8,649                                              | 1.8                                             |
| Has trouble getting around alone-----                         | 2,843                        | 5,126                                              | 1.8                                             |
| Cannot get around alone-----                                  | 1,008                        | 1,798                                              | 1.8                                             |
| Confined to house-----                                        | 915                          | 1,725                                              | 1.9                                             |

<sup>1</sup>Major activity refers to ability to work, keep house, or go to school.

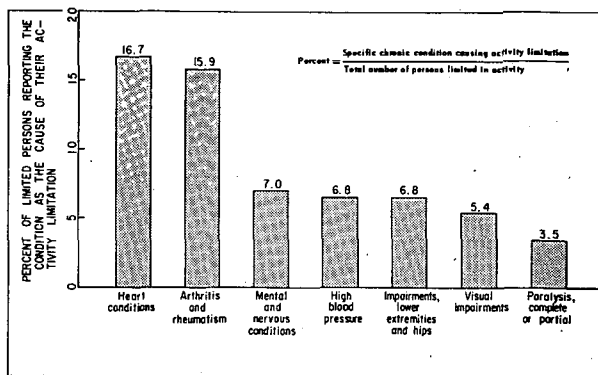


Figure 1. Percent of persons with activity limitation who reported selected chronic conditions as the cause of their limitation.

conditions were not reported as causing the limitation of mobility, but instead were reported as causing the associated activity limitation which each person with mobility limitation was known to have had.

Among the 4.8 million persons with limitation of mobility almost 1 million persons, or 20 percent of the total, had heart conditions which were reported as causing each person's associated limitation of activity (fig. 2). Arthritis or rheumatism was reported in about 24 percent of all persons limited in mobility. It is noteworthy that about 27 percent of the people who have trouble getting around alone reported having arthritis or rheumatism. While the proportion of persons with arthritis or rheumatism was high for all degrees of mobility limitation, it was relatively lower than heart disease or paralysis among persons confined to the house.

There were 14 million persons with chronic limitations affecting their major activity (tables 3 and 10). The two categories of activity limitation, "limited in amount or kind of major activity" and "unable to carry on major activity," have been combined into a single class of limitations affecting major activity. This combination of types of limitation has been made to permit further distribution by age and sex of the data for the 25 selected chronic condition groups. The small size of many of the numbers precludes further distribution of the data on limitation of mobility.

More males than females had chronic activity limitation affecting their major activity of working, keeping house, or going to school. This sex difference was present in each of the three age groups, under 45, 45-64, and 65 and over. More than half of the 25 selected chronic condition groups had a male sex ratio greater than 1.

The male sex ratio ranged in value from a low of about 0.4 for varicose veins to a high of about 3.5 for "other conditions of the respiratory system." None of the 25 selected chronic condition groups is in itself sex specific, although sex differences in prevalence rates have been noted previously for some of these groups in other National Health Survey reports.

Table 4 shows that as age increases certain disease groups assume a relatively increased importance as causes of chronic disability. These include such conditions as heart disease, high blood pressure, arthritis and rheumatism, and visual impairments which may increase in severity, as well as in prevalence as age progresses. The relative disability from other types of conditions, particularly those which have earlier onset, a comparatively low fatality rate, and the effects of which tend to stabilize with time, is proportionately less with increasing age. Among persons 65 years and over, heart conditions, arthritis or rheumatism, and visual impairments were reported as causing about 24, 23, and 10 percent of the limitations, respectively. Among persons under 45 years of age these three condition groups were reported to have caused 6, 5, and 3 percent, respectively, of the total number of limitations. A similar pattern may be noted in the data for males and females, separately. As age increases, the causes of limitation are concentrated among a smaller number of chronic condition groups.

The limitations affecting major activity have been present for these periods: about 15 percent for less than 1 year, 38 percent for 1-4 years, 42 percent for 5 or more years, and 5 percent of un-

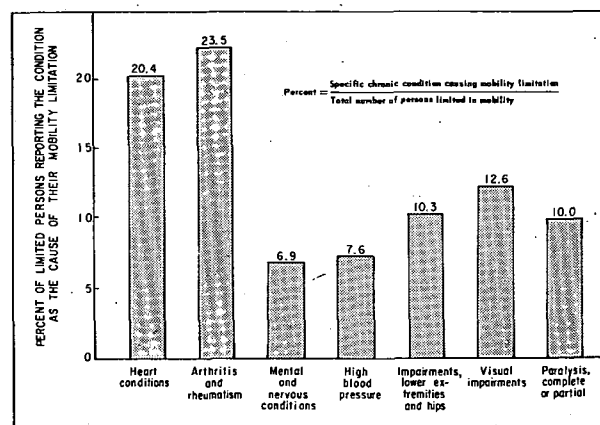


Figure 2. Percent of persons with mobility limitation who reported selected chronic conditions as the cause of their limitation.

known duration (table 5 and fig. 3). The duration of limitation is shown only for the two more severe categories of activity limitation. The limitations affecting the ability to work, keep house, or go to school are probably caused by those cases of chronic conditions which are severe and lingering in nature. It should be pointed out that the duration of limitation for each of the chronic condition groups is not necessarily the actual duration of the disease process since the limitation of activity may have started during a later stage of the disease.

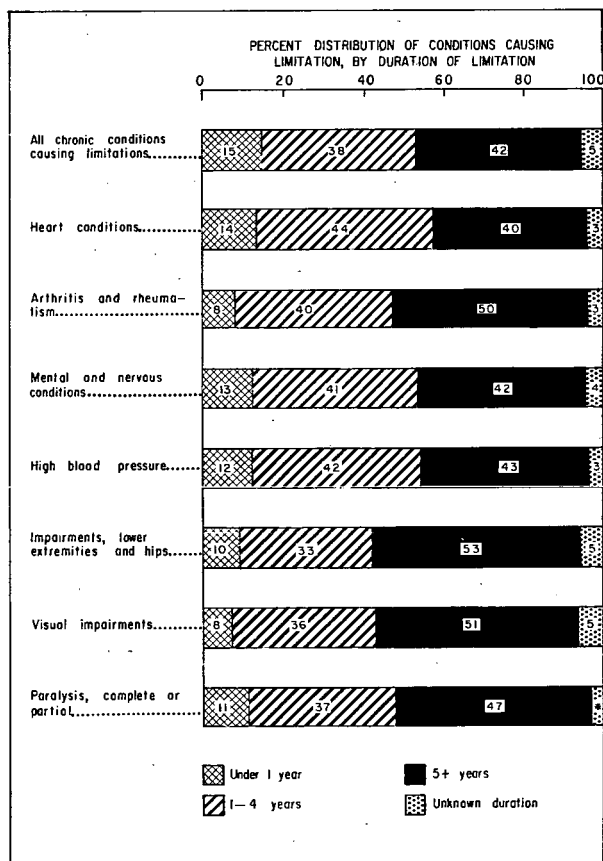


Figure 3. Duration of limitations affecting major activity according to selected chronic conditions reported as causing the limitation.

If the duration of limitations not affecting major activity were known and could be included in the table, it is quite possible that the high proportion of limitations lasting 5 or more years would be lowered. The course of the disease process in the individual determines whether the duration of minor limitation will be short or long.

Cases of chronic illness causing minor limitations may be susceptible to curative treatment removing both the condition and the limitation within a short period after onset of the limitation. Progressively worsening cases of chronic disease may cause minor limitation for a period of time and then cause limitation affecting major activity during later stages of the illness.

The limitations affecting major activity caused by each of the 25 chronic condition groups have been present for varying lengths of time. For example, high proportions of the limited persons with heart conditions have been limited for more than one year, while about two-fifths of the limited persons with benign or malignant neoplasms have been limited for less than one year. A short duration of limitation for malignant neoplasms may be explained either by a high fatality rate or by curative treatment removing both the disease and the limitation. The data for benign and unspecified neoplasms must be interpreted with caution, as mentioned previously, since there may be reporting error present because of reluctance of the respondent to mention malignancy or because the respondent did not know the malignant nature of the disease. With this word of caution, it is quite possible that the short duration of limitations caused by benign neoplasms is caused by removal of the condition and resulting restoration of health.

### Usual Activity Status

A distribution of the selected chronic condition groups reported as causing limitations affecting major activity has been made in tables 6 and 7 by the usual activity status of the limited persons. The usual activity status shown is that of the individual during most of the 12 months prior to the household interview. This usual activity status may be the same as that for the person prior to the onset of the present degree of limitation or may have been changed as a result of the limitation or for other reasons.

A distribution of chronic conditions causing major limitations among the approximately 540,000 preschool and school-age children has been omitted from tables 6 and 7 because most of the numbers are small and therefore subject to a large sampling error. The three condition groups which are large enough to be reported are: asthma-hay fever, about 69,000 cases or 13 percent of the limited children in this activity status group; paralysis, complete or partial, about 58,000 cases or 11 percent; and impairments of

lower extremities and hips (except paralysis and absence), about 33,000 cases or 6 percent.

The usual activity categories shown in the tables are usually working, keeping house, retired, and other. If a person has been unable to carry on his major activity of working, keeping house, or going to school for a period of more than 6 months, the usual activity status shown is some other status, such as retired or other. If a person was retired, or included in the "other" group, prior to limitation, the degree of limitation was determined on the basis of ability to work. The "other" group includes males 17 years and over who are going to school or not classified as working or retired, and females 17 years and over who are going to school or not classified as working, keeping house, or retired.

Heart conditions were the leading cause of limitations affecting major activity among the usually working population (fig. 4), the retired, and the "other" group. Arthritis and rheumatism were the leading conditions among the women who were reported as keeping house (table 7).

Among persons usually working, keeping house, and retired, limitations affecting major activity were present for substantial lengths of time (tables 8 and 9). The percentages in each group of persons limited for 5 or more years are as follows: usually working, about 44 percent; keeping house, about 38 percent; and retired, about 47 percent. The duration of limitations attributed to individual chronic condition groups vary considerably among the usual activity status

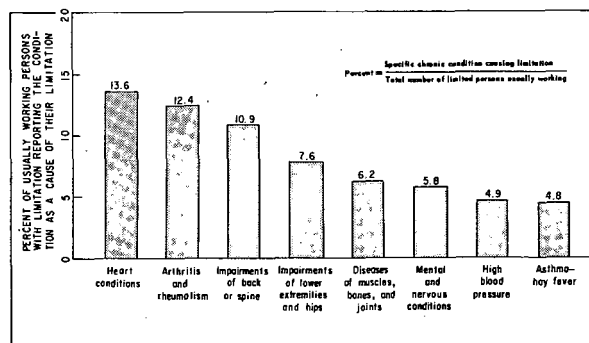


Figure 4. Percent of usually working persons with limitation affecting their ability to work who reported selected chronic conditions as a cause of the limitation.

categories. For example, among the usually working about 59 percent of limitations caused by asthma-hay fever had been present for 5 or more years, while among the women who were keeping house about 45 percent of these limitations had been present for 5 or more years.

#### Number of Limited Persons

Tables 10-15 are presented to serve as population data for the preceding tables. These tables are similar to tables in the National Health Survey Report, B-31. They represent averages of data reported during the two-year period from July 1959-June 1961. The first column in each of these tables shows the total, civilian, noninstitutional population of the United States during this period.

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Table 1. Average number of persons reported as limited in their activity or their mobility due to selected chronic conditions, by degree of limitation: United States, July 1959-June 1961

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

| Selected chronic conditions                                                        | Limitation of activity             |                                                        |                                                          |                                                | Limitation of mobility among persons with activity limitation |                                  |                         |                   |
|------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------|----------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------|----------------------------------|-------------------------|-------------------|
|                                                                                    | All degrees of activity limitation | With limitation but not in major activity <sup>1</sup> | Limited in amount or kind of major activity <sup>1</sup> | Unable to carry on major activity <sup>1</sup> | All degrees of mobility limitation                            | Has trouble getting around alone | Cannot get around alone | Confined to house |
| Persons limited-----                                                               | 19,273                             | 5,056                                                  | 10,243                                                   | 3,974                                          | 4,766                                                         | 2,843                            | 1,008                   | 915               |
| Average number of persons with condition in thousands <sup>2</sup>                 |                                    |                                                        |                                                          |                                                |                                                               |                                  |                         |                   |
| Tuberculosis, all forms-----                                                       | 174                                | 34                                                     | 83                                                       | 57                                             | (*)                                                           | (*)                              | (*)                     | (*)               |
| Malignant neoplasms-----                                                           | 228                                | 33                                                     | 94                                                       | 101                                            | 96                                                            | 33                               | (*)                     | 43                |
| Benign and unspecified neoplasms-----                                              | 256                                | 68                                                     | 136                                                      | 52                                             | 65                                                            | 47                               | (*)                     | (*)               |
| Asthma-hay fever-----                                                              | 1,009                              | 337                                                    | 493                                                      | 180                                            | 183                                                           | 134                              | (*)                     | 30                |
| Diabetes-----                                                                      | 458                                | 92                                                     | 238                                                      | 128                                            | 168                                                           | 96                               | 38                      | 35                |
| Mental and nervous conditions-----                                                 | 1,351                              | 352                                                    | 692                                                      | 306                                            | 328                                                           | 203                              | 58                      | 67                |
| Heart conditions-----                                                              | 3,213                              | 631                                                    | 1,616                                                    | 966                                            | 974                                                           | 576                              | 185                     | 212               |
| High blood pressure-----                                                           | 1,320                              | 286                                                    | 761                                                      | 273                                            | 363                                                           | 234                              | 72                      | 57                |
| Varicose veins-----                                                                | 462                                | 142                                                    | 268                                                      | 52                                             | 109                                                           | 77                               | (*)                     | (*)               |
| Hemorrhoids-----                                                                   | 297                                | 76                                                     | 182                                                      | 39                                             | 61                                                            | 45                               | (*)                     | (*)               |
| Other conditions of circulatory system---                                          | 822                                | 202                                                    | 356                                                      | 264                                            | 306                                                           | 171                              | 62                      | 72                |
| Chronic sinusitis and bronchitis-----                                              | 509                                | 161                                                    | 272                                                      | 77                                             | 105                                                           | 82                               | (*)                     | (*)               |
| Other conditions of respiratory system----                                         | 382                                | 71                                                     | 190                                                      | 122                                            | 96                                                            | 71                               | (*)                     | (*)               |
| Peptic ulcer-----                                                                  | 514                                | 132                                                    | 284                                                      | 98                                             | 79                                                            | 56                               | (*)                     | (*)               |
| Hernia-----                                                                        | 589                                | 100                                                    | 361                                                      | 128                                            | 133                                                           | 91                               | (*)                     | (*)               |
| Other conditions of digestive system-----                                          | 997                                | 228                                                    | 563                                                      | 205                                            | 239                                                           | 151                              | 46                      | 42                |
| Conditions of genitourinary system-----                                            | 1,111                              | 273                                                    | 603                                                      | 235                                            | 259                                                           | 156                              | 40                      | 63                |
| Arthritis and rheumatism-----                                                      | 3,062                              | 645                                                    | 1,792                                                    | 624                                            | 1,121                                                         | 766                              | 198                     | 157               |
| Other diseases of muscles, bones, and joints-----                                  | 730                                | 181                                                    | 443                                                      | 106                                            | 158                                                           | 115                              | (*)                     | (*)               |
| Visual impairments-----                                                            | 1,045                              | 149                                                    | 454                                                      | 442                                            | 601                                                           | 302                              | 175                     | 123               |
| Hearing impairments-----                                                           | 395                                | 79                                                     | 185                                                      | 132                                            | 150                                                           | 81                               | 35                      | 35                |
| Paralysis, complete or partial-----                                                | 673                                | 73                                                     | 217                                                      | 383                                            | 476                                                           | 190                              | 125                     | 161               |
| Impairments (except paralysis) of back or spine-----                               | 1,271                              | 313                                                    | 837                                                      | 121                                            | 203                                                           | 154                              | 32                      | (*)               |
| Impairments (except paralysis and absence) of upper extremities and shoulders----- | 383                                | 72                                                     | 247                                                      | 64                                             | 84                                                            | 56                               | (*)                     | (*)               |
| Impairments (except paralysis and absence) of lower extremities and hips-----      | 1,307                              | 373                                                    | 679                                                      | 254                                            | 492                                                           | 333                              | 93                      | 66                |

<sup>1</sup>Major activity refers to ability to work, keep house, or go to school.

<sup>2</sup>Summations of conditions causing limitation may be greater than the number of persons limited because a person can report more than one condition as a cause of his limitation; on the other hand, they may be less because only selected conditions are shown.

Table 2. Percent distribution of persons reported as limited in their activity or their mobility due to selected chronic conditions, by degree of limitation: United States, July 1959-June 1961

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix 1. Definitions of terms are given in Appendix II]

| Selected chronic conditions                                                        | Limitation of activity             |                                                        |                                                          |                                                | Limitation of mobility among persons with activity limitation |                                  |                         |                   |
|------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------|----------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------|----------------------------------|-------------------------|-------------------|
|                                                                                    | All degrees of activity limitation | With limitation but not in major activity <sup>1</sup> | Limited in amount or kind of major activity <sup>1</sup> | Unable to carry on major activity <sup>1</sup> | All degrees of mobility limitation                            | Has trouble getting around alone | Cannot get around alone | Confined to house |
|                                                                                    | Percent distribution <sup>2</sup>  |                                                        |                                                          |                                                |                                                               |                                  |                         |                   |
| Persons limited-----                                                               | 100.0                              | 100.0                                                  | 100.0                                                    | 100.0                                          | 100.0                                                         | 100.0                            | 100.0                   | 100.0             |
| Tuberculosis, all forms-----                                                       | 0.9                                | 0.7                                                    | 0.8                                                      | 1.4                                            | (*)                                                           | (*)                              | (*)                     | (*)               |
| Malignant neoplasms-----                                                           | 1.2                                | 0.7                                                    | 0.9                                                      | 2.5                                            | 2.0                                                           | 1.2                              | (*)                     | 4.7               |
| Benign and unspecified neoplasms-----                                              | 1.3                                | 1.3                                                    | 1.3                                                      | 1.3                                            | 1.4                                                           | 1.7                              | (*)                     | (*)               |
| Asthma-hay fever-----                                                              | 5.2                                | 6.7                                                    | 4.8                                                      | 4.5                                            | 3.8                                                           | 4.7                              | (*)                     | 3.3               |
| Diabetes-----                                                                      | 2.4                                | 1.8                                                    | 2.3                                                      | 3.2                                            | 3.5                                                           | 3.4                              | 3.8                     | 3.8               |
| Mental and nervous conditions-----                                                 | 7.0                                | 7.0                                                    | 6.8                                                      | 7.7                                            | 6.9                                                           | 7.1                              | 5.8                     | 7.3               |
| Heart conditions-----                                                              | 16.7                               | 12.5                                                   | 15.8                                                     | 24.3                                           | 20.4                                                          | 20.3                             | 18.4                    | 23.2              |
| High blood pressure-----                                                           | 6.8                                | 5.7                                                    | 7.4                                                      | 6.9                                            | 7.6                                                           | 8.2                              | 7.1                     | 6.2               |
| Varicose veins-----                                                                | 2.4                                | 2.8                                                    | 2.6                                                      | 1.3                                            | 2.3                                                           | 2.7                              | (*)                     | (*)               |
| Hemorrhoids-----                                                                   | 1.5                                | 1.5                                                    | 1.8                                                      | 1.0                                            | 1.3                                                           | 1.6                              | (*)                     | (*)               |
| Other conditions of circulatory system----                                         | 4.3                                | 4.0                                                    | 3.5                                                      | 6.6                                            | 6.4                                                           | 6.0                              | 6.2                     | 7.9               |
| Chronic sinusitis and bronchitis-----                                              | 2.6                                | 3.2                                                    | 2.7                                                      | 1.9                                            | 2.2                                                           | 2.9                              | (*)                     | (*)               |
| Other conditions of respiratory system----                                         | 2.0                                | 1.4                                                    | 1.9                                                      | 3.1                                            | 2.0                                                           | 2.5                              | (*)                     | (*)               |
| Peptic ulcer-----                                                                  | 2.7                                | 2.6                                                    | 2.8                                                      | 2.5                                            | 1.7                                                           | 2.0                              | (*)                     | (*)               |
| Hernia-----                                                                        | 3.1                                | 2.0                                                    | 3.5                                                      | 3.2                                            | 2.8                                                           | 3.2                              | (*)                     | (*)               |
| Other conditions of digestive system----                                           | 5.2                                | 4.5                                                    | 5.5                                                      | 5.2                                            | 5.0                                                           | 5.3                              | 4.6                     | 4.6               |
| Conditions of genitourinary system-----                                            | 5.8                                | 5.4                                                    | 5.9                                                      | 5.9                                            | 5.4                                                           | 5.5                              | 4.0                     | 6.9               |
| Arthritis and rheumatism-----                                                      | 15.9                               | 12.8                                                   | 17.5                                                     | 15.7                                           | 23.5                                                          | 26.9                             | 19.6                    | 17.2              |
| Other diseases of muscles, bones, and joints-----                                  | 3.8                                | 3.6                                                    | 4.3                                                      | 2.7                                            | 3.3                                                           | 4.0                              | (*)                     | (*)               |
| Visual impairments-----                                                            | 5.4                                | 2.9                                                    | 4.4                                                      | 11.1                                           | 12.6                                                          | 10.6                             | 17.4                    | 13.4              |
| Hearing impairments-----                                                           | 2.0                                | 1.6                                                    | 1.8                                                      | 3.3                                            | 3.1                                                           | 2.8                              | 3.5                     | 3.8               |
| Paralysis, complete or partial-----                                                | 3.5                                | 1.4                                                    | 2.1                                                      | 9.6                                            | 10.0                                                          | 6.7                              | 12.4                    | 17.6              |
| Impairments (except paralysis) of back or spine-----                               | 6.6                                | 6.2                                                    | 8.2                                                      | 3.0                                            | 4.3                                                           | 5.4                              | 3.2                     | (*)               |
| Impairments (except paralysis and absence) of upper extremities and shoulders----- | 2.0                                | 1.4                                                    | 2.4                                                      | 1.6                                            | 1.8                                                           | 2.0                              | (*)                     | (*)               |
| Impairments (except paralysis and absence) of lower extremities and hips-----      | 6.8                                | 7.4                                                    | 6.6                                                      | 6.4                                            | 10.3                                                          | 11.7                             | 9.2                     | 7.2               |

<sup>1</sup>Major activity refers to ability to work, keep house, or go to school.

<sup>2</sup>Percentages may add to more than 100 because a person can report more than one condition as a cause of his limitation; on the other hand, they may add to less than 100 because only selected conditions are shown.



Table 3. Average number of persons reported as limited in their major activity<sup>1</sup> due to selected chronic conditions, by sex and age: United States, July 1959-June 1961

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

| Selected chronic conditions                                                        | Both sexes |          |       |       | Male     |          |       |       | Female   |          |       |       |
|------------------------------------------------------------------------------------|------------|----------|-------|-------|----------|----------|-------|-------|----------|----------|-------|-------|
|                                                                                    | All ages   | Under 45 | 45-64 | 65+   | All ages | Under 45 | 45-64 | 65+   | All ages | Under 45 | 45-64 | 65+   |
| Persons with chronic activity limitation affecting major activity-----             | 14,217     | 3,562    | 4,790 | 5,865 | 7,573    | 1,876    | 2,577 | 3,120 | 6,643    | 1,686    | 2,213 | 2,744 |
| Average number of persons with condition in thousands <sup>2</sup>                 |            |          |       |       |          |          |       |       |          |          |       |       |
| Tuberculosis, all forms-----                                                       | 140        | 45       | 68    | (*)   | 105      | 32       | 52    | (*)   | 35       | (*)      | (*)   | (*)   |
| Malignant neoplasms-----                                                           | 195        | (*)      | 87    | 81    | 91       | (*)      | 41    | 38    | 104      | (*)      | 46    | 43    |
| Benign and unspecified neoplasms---                                                | 188        | 76       | 67    | 45    | 62       | (*)      | (*)   | (*)   | 126      | 58       | 45    | (*)   |
| Asthma-hay fever----                                                               | 673        | 207      | 249   | 217   | 432      | 117      | 158   | 157   | 241      | 90       | 91    | 60    |
| Diabetes-----                                                                      | 365        | 35       | 153   | 178   | 171      | (*)      | 72    | 80    | 195      | (*)      | 81    | 98    |
| Mental and nervous conditions-----                                                 | 998        | 307      | 372   | 319   | 428      | 144      | 165   | 119   | 570      | 163      | 207   | 200   |
| Heart conditions----                                                               | 2,582      | 217      | 973   | 1,392 | 1,421    | 116      | 577   | 728   | 1,161    | 101      | 396   | 664   |
| High blood pressure-----                                                           | 1,034      | 74       | 382   | 578   | 373      | (*)      | 145   | 204   | 661      | 50       | 237   | 374   |
| Varicose veins-----                                                                | 320        | 63       | 137   | 120   | 84       | (*)      | 34    | 43    | 236      | 55       | 104   | 77    |
| Hemorrhoids-----                                                                   | 221        | 49       | 100   | 71    | 134      | (*)      | 66    | 44    | 87       | (*)      | 35    | (*)   |
| Other conditions of circulatory system-----                                        | 620        | 94       | 167   | 359   | 320      | (*)      | 87    | 205   | 300      | 65       | 80    | 154   |
| Chronic sinusitis and bronchitis----                                               | 349        | 72       | 142   | 135   | 185      | 34       | 78    | 73    | 164      | 38       | 64    | 61    |
| Other conditions of respiratory system-----                                        | 312        | 60       | 122   | 130   | 242      | 38       | 100   | 104   | 70       | (*)      | (*)   | (*)   |
| Peptic ulcer-----                                                                  | 382        | 103      | 171   | 109   | 278      | 78       | 125   | 75    | 104      | (*)      | 45    | 34    |
| Hernia-----                                                                        | 489        | 77       | 180   | 231   | 363      | 56       | 124   | 182   | 126      | (*)      | 56    | 49    |
| Other conditions of digestive system--                                             | 769        | 141      | 302   | 326   | 321      | 60       | 117   | 143   | 448      | 81       | 184   | 183   |
| Conditions of genitourinary system--                                               | 838        | 227      | 290   | 321   | 340      | 40       | 100   | 200   | 498      | 187      | 189   | 121   |
| Arthritis and rheumatism-----                                                      | 2,416      | 188      | 907   | 1,322 | 997      | 84       | 384   | 529   | 1,419    | 103      | 523   | 792   |
| Other diseases of muscles, bones, and joints-----                                  | 549        | 218      | 252   | 79    | 319      | 130      | 152   | 38    | 230      | 88       | 100   | 42    |
| Visual impairments--                                                               | 896        | 104      | 200   | 592   | 453      | 70       | 113   | 270   | 443      | 35       | 87    | 322   |
| Hearing impairments--                                                              | 316        | 64       | 62    | 191   | 204      | 39       | 46    | 120   | 112      | (*)      | (*)   | 71    |
| Paralysis, complete or partial-----                                                | 601        | 170      | 181   | 250   | 359      | 110      | 116   | 133   | 242      | 60       | 65    | 117   |
| Impairments (except paralysis) of back or spine-----                               | 957        | 375      | 374   | 208   | 538      | 226      | 211   | 101   | 419      | 149      | 163   | 107   |
| Impairments (except paralysis and absence) of upper extremities and shoulders----- | 311        | 94       | 122   | 95    | 196      | 75       | 74    | 47    | 115      | (*)      | 48    | 48    |
| Impairments (except paralysis and absence) of lower extremities and hips-----      | 933        | 247      | 311   | 376   | 550      | 184      | 179   | 187   | 383      | 62       | 132   | 189   |

<sup>1</sup>Major activity refers to ability to work, keep house, or go to school.

<sup>2</sup>Summations of conditions causing limitation may be greater than the number of persons limited because a person can report more than one condition as a cause of his limitation; on the other hand, they may be less because only selected conditions are shown.

Table 4. Percent distribution of persons reported as limited in their major activity<sup>1</sup> due to selected chronic conditions, by sex and age: United States, July 1959-June 1961

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

| Selected chronic conditions                                                        | Both sexes                        |          |       |       | Male     |          |       |       | Female   |          |       |       |
|------------------------------------------------------------------------------------|-----------------------------------|----------|-------|-------|----------|----------|-------|-------|----------|----------|-------|-------|
|                                                                                    | All ages                          | Under 45 | 45-64 | 65+   | All ages | Under 45 | 45-64 | 65+   | All ages | Under 45 | 45-64 | 65+   |
| Persons with chronic activity limitation affecting major activity-----             | Percent distribution <sup>2</sup> |          |       |       |          |          |       |       |          |          |       |       |
|                                                                                    | 100.0                             | 100.0    | 100.0 | 100.0 | 100.0    | 100.0    | 100.0 | 100.0 | 100.0    | 100.0    | 100.0 | 100.0 |
| Tuberculosis, all forms-----                                                       | 1.0                               | 1.3      | 1.4   | (*)   | 1.4      | 1.7      | 2.0   | (*)   | 0.5      | (*)      | (*)   | (*)   |
| Malignant neoplasms-----                                                           | 1.4                               | (*)      | 1.8   | 1.4   | 1.2      | (*)      | 1.6   | 1.2   | 1.6      | (*)      | 2.1   | 1.6   |
| Benign and unspecified neoplasms---                                                | 1.3                               | 2.1      | 1.4   | 0.8   | 0.8      | (*)      | (*)   | (*)   | 1.9      | 3.4      | 2.0   | (*)   |
| Asthma-hay fever-----                                                              | 4.7                               | 5.8      | 5.2   | 3.7   | 5.7      | 6.2      | 6.1   | 5.0   | 3.6      | 5.3      | 4.1   | 2.2   |
| Diabetes-----                                                                      | 2.6                               | 1.0      | 3.2   | 3.0   | 2.3      | (*)      | 2.8   | 2.6   | 2.9      | (*)      | 3.7   | 3.6   |
| Mental and nervous conditions-----                                                 | 7.0                               | 8.6      | 7.8   | 5.4   | 5.7      | 7.7      | 6.4   | 3.8   | 8.6      | 9.7      | 9.4   | 7.3   |
| Heart conditions----                                                               | 18.2                              | 6.1      | 20.3  | 23.7  | 18.8     | 6.2      | 22.4  | 23.3  | 17.5     | 6.0      | 17.9  | 24.2  |
| High blood pressure-----                                                           | 7.3                               | 2.1      | 8.0   | 9.9   | 4.9      | (*)      | 5.6   | 6.5   | 10.0     | 3.0      | 10.7  | 13.6  |
| Varicose veins-----                                                                | 2.3                               | 1.8      | 2.9   | 2.0   | 1.1      | (*)      | 1.3   | 1.4   | 3.6      | 3.3      | 4.7   | 2.8   |
| Hemorrhoids-----                                                                   | 1.6                               | 1.4      | 2.1   | 1.2   | 1.8      | (*)      | 2.6   | 1.4   | 1.3      | (*)      | 1.6   | (*)   |
| Other conditions of circulatory system-----                                        | 4.4                               | 2.6      | 3.5   | 6.1   | 4.2      | (*)      | 3.4   | 6.6   | 4.5      | 3.9      | 3.6   | 5.6   |
| Chronic sinusitis and bronchitis----                                               | 2.5                               | 2.0      | 3.0   | 2.3   | 2.4      | 1.8      | 3.0   | 2.3   | 2.5      | 2.3      | 2.9   | 2.2   |
| Other conditions of respiratory system-----                                        | 2.2                               | 1.7      | 2.5   | 2.2   | 3.2      | 2.0      | 3.9   | 3.3   | 1.1      | (*)      | (*)   | (*)   |
| Peptic ulcer-----                                                                  | 2.7                               | 2.9      | 3.6   | 1.9   | 3.7      | 4.2      | 4.9   | 2.4   | 1.6      | (*)      | 2.0   | 1.2   |
| Hernia-----                                                                        | 3.4                               | 2.2      | 3.8   | 3.9   | 4.8      | 3.0      | 4.8   | 5.8   | 1.9      | (*)      | 2.5   | 1.8   |
| Other conditions of digestive system--                                             | 5.4                               | 4.0      | 6.3   | 5.6   | 4.2      | 3.2      | 4.5   | 4.6   | 6.7      | 4.8      | 8.3   | 6.7   |
| Conditions of genitourinary system--                                               | 5.9                               | 6.4      | 6.1   | 5.5   | 4.5      | 2.1      | 3.9   | 6.4   | 7.5      | 11.1     | 8.5   | 4.4   |
| Arthritis and rheumatism-----                                                      | 17.0                              | 5.3      | 18.9  | 22.5  | 13.2     | 4.5      | 14.9  | 17.0  | 21.4     | 6.1      | 23.6  | 28.9  |
| Other diseases of muscles, bones, and joints-----                                  | 3.9                               | 6.1      | 5.3   | 1.3   | 4.2      | 6.9      | 5.9   | 1.2   | 3.5      | 5.2      | 4.5   | 1.5   |
| Visual impairments--                                                               | 6.3                               | 2.9      | 4.2   | 10.1  | 6.0      | 3.7      | 4.4   | 8.7   | 6.7      | 2.1      | 3.9   | 11.7  |
| Hearing impairments--                                                              | 2.2                               | 1.8      | 1.3   | 3.3   | 2.7      | 2.1      | 1.8   | 3.8   | 1.7      | (*)      | (*)   | 2.6   |
| Paralysis, complete or partial-----                                                | 4.2                               | 4.8      | 3.8   | 4.3   | 4.7      | 5.9      | 4.5   | 4.3   | 3.6      | 3.6      | 2.9   | 4.3   |
| Impairments (except paralysis) of back or spine-----                               | 6.7                               | 10.5     | 7.8   | 3.5   | 7.1      | 12.0     | 8.2   | 3.2   | 6.3      | 8.8      | 7.4   | 3.9   |
| Impairments (except paralysis and absence) of upper extremities and shoulders----- | 2.2                               | 2.6      | 2.5   | 1.6   | 2.6      | 4.0      | 2.9   | 1.5   | 1.7      | (*)      | 2.2   | 1.7   |
| Impairments (except paralysis and absence) of lower extremities and hips-----      | 6.6                               | 6.9      | 6.5   | 6.4   | 7.3      | 9.8      | 6.9   | 6.0   | 5.8      | 3.7      | 6.0   | 6.9   |

<sup>1</sup>Major activity refers to ability to work, keep house, or go to school.

<sup>2</sup>Percentages may add to more than 100 because a person can report more than one condition as a cause of his limitation; on the other hand, they may add to less than 100 because only selected conditions are shown.

Table 5. Average number and percent distribution of persons reported as limited in their major activity<sup>1</sup> due to selected chronic conditions, by duration of limitation: United States, July 1959-June 1961

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

| Selected chronic conditions                                                        | All persons with limitation of major activity                      | Duration of limitation of major activity |           |          |          | All persons with limitation of major activity | Duration of limitation of major activity |           |          |          |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------|-----------|----------|----------|-----------------------------------------------|------------------------------------------|-----------|----------|----------|
|                                                                                    |                                                                    | Under 1 year                             | 1-4 years | 5+ years | Un-known |                                               | Under 1 year                             | 1-4 years | 5+ years | Un-known |
| Persons with chronic activity limitation affecting major activity-----             | Average number of persons with condition in thousands <sup>2</sup> |                                          |           |          |          | Percent distribution                          |                                          |           |          |          |
|                                                                                    | 14,217                                                             | 2,086                                    | 5,419     | 5,953    | 759      | 100.0                                         | 14.7                                     | 38.1      | 41.9     | 5.3      |
| Tuberculosis, all forms-----                                                       | 140                                                                | (*)                                      | 55        | 70       | (*)      | 100.0                                         | (*)                                      | 39.3      | 50.0     | (*)      |
| Malignant neoplasms-----                                                           | 195                                                                | 73                                       | 73        | 46       | (*)      | 100.0                                         | 37.4                                     | 37.4      | 23.6     | (*)      |
| Benign and unspecified neoplasms-----                                              | 188                                                                | 74                                       | 65        | 48       | (*)      | 100.0                                         | 39.4                                     | 34.6      | 25.5     | (*)      |
| Asthma-hay fever-----                                                              | 673                                                                | 63                                       | 245       | 332      | 33       | 100.0                                         | 9.4                                      | 36.4      | 49.3     | 4.9      |
| Diabetes-----                                                                      | 365                                                                | 40                                       | 153       | 161      | (*)      | 100.0                                         | 11.0                                     | 41.9      | 44.1     | (*)      |
| Mental and nervous conditions-----                                                 | 998                                                                | 126                                      | 412       | 422      | 38       | 100.0                                         | 12.6                                     | 41.3      | 42.3     | 3.8      |
| Heart conditions-----                                                              | 2,582                                                              | 351                                      | 1,135     | 1,031    | 65       | 100.0                                         | 13.6                                     | 44.0      | 39.9     | 2.5      |
| High blood pressure-----                                                           | 1,034                                                              | 124                                      | 437       | 443      | 30       | 100.0                                         | 12.0                                     | 42.3      | 42.8     | 2.9      |
| Varicose veins-----                                                                | 320                                                                | 36                                       | 115       | 157      | (*)      | 100.0                                         | 11.3                                     | 35.9      | 49.1     | (*)      |
| Hemorrhoids-----                                                                   | 221                                                                | 37                                       | 85        | 90       | (*)      | 100.0                                         | 16.7                                     | 38.5      | 40.7     | (*)      |
| Other conditions of circulatory system---                                          | 620                                                                | 79                                       | 253       | 269      | (*)      | 100.0                                         | 12.7                                     | 40.8      | 43.4     | (*)      |
| Chronic sinusitis and bronchitis-----                                              | 349                                                                | (*)                                      | 133       | 174      | (*)      | 100.0                                         | (*)                                      | 38.1      | 49.9     | (*)      |
| Other conditions of respiratory system---                                          | 312                                                                | 39                                       | 130       | 136      | (*)      | 100.0                                         | 12.5                                     | 41.7      | 43.6     | (*)      |
| Peptic ulcer-----                                                                  | 382                                                                | 59                                       | 148       | 165      | (*)      | 100.0                                         | 15.4                                     | 38.7      | 43.2     | (*)      |
| Hernia-----                                                                        | 489                                                                | 75                                       | 185       | 216      | (*)      | 100.0                                         | 15.3                                     | 37.8      | 44.2     | (*)      |
| Other conditions of digestive system----                                           | 769                                                                | 104                                      | 296       | 334      | 35       | 100.0                                         | 13.5                                     | 38.5      | 43.4     | 4.6      |
| Conditions of genitourinary system-----                                            | 838                                                                | 130                                      | 348       | 329      | 31       | 100.0                                         | 15.5                                     | 41.5      | 39.3     | 3.7      |
| Arthritis and rheumatism-----                                                      | 2,416                                                              | 184                                      | 960       | 1,199    | 73       | 100.0                                         | 7.6                                      | 39.7      | 49.6     | 3.0      |
| Other diseases of muscles, bones, and joints-----                                  | 549                                                                | 99                                       | 201       | 232      | (*)      | 100.0                                         | 18.0                                     | 36.6      | 42.3     | (*)      |
| Visual impairments-----                                                            | 896                                                                | 71                                       | 323       | 458      | 44       | 100.0                                         | 7.9                                      | 36.0      | 51.1     | 4.9      |
| Hearing impairments-----                                                           | 316                                                                | (*)                                      | 86        | 191      | (*)      | 100.0                                         | (*)                                      | 27.2      | 60.4     | (*)      |
| Paralysis, complete or partial-----                                                | 601                                                                | 68                                       | 220       | 285      | (*)      | 100.0                                         | 11.3                                     | 36.6      | 47.4     | (*)      |
| Impairments (except paralysis) of back or spine-----                               | 957                                                                | 109                                      | 366       | 451      | 32       | 100.0                                         | 11.4                                     | 38.2      | 47.1     | 3.3      |
| Impairments (except paralysis and absence) of upper extremities and shoulders----- | 311                                                                | 36                                       | 99        | 167      | (*)      | 100.0                                         | 11.6                                     | 31.8      | 53.7     | (*)      |
| Impairments (except paralysis and absence) of lower extremities and hips-----      | 933                                                                | 89                                       | 307       | 493      | 44       | 100.0                                         | 9.5                                      | 32.9      | 52.8     | 4.7      |

<sup>1</sup>Major activity refers to ability to work, keep house, or go to school.

<sup>2</sup>Summations of conditions causing limitation may be greater than the number of persons limited because a person can report more than one condition as a cause of his limitation; on the other hand, they may be less because only selected conditions are shown.

Table 6. Average number of persons reported as limited in their major activity<sup>1</sup> due to selected chronic conditions, by usual activity status: United States, July 1959-June 1961

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

| Selected chronic conditions                                                        | Usual activity status                                              |                 |               |         |                 |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------|---------------|---------|-----------------|
|                                                                                    | All activities <sup>2</sup>                                        | Usually working | Keeping house | Retired | Other (age-17+) |
| Persons with chronic activity limitation affecting major activity-----             | Average number of persons with condition in thousands <sup>3</sup> |                 |               |         |                 |
|                                                                                    | 14,217                                                             | 3,975           | 4,185         | 3,505   | 2,012           |
| Tuberculosis, all forms-----                                                       | 140                                                                | 33              | (*)           | (*)     | 54              |
| Malignant neoplasms-----                                                           | 195                                                                | 44              | 55            | 49      | 43              |
| Benign and unspecified neoplasms-----                                              | 188                                                                | 53              | 86            | (*)     | (*)             |
| Asthma-hay fever-----                                                              | 673                                                                | 189             | 154           | 169     | 92              |
| Diabetes-----                                                                      | 365                                                                | 82              | 127           | 112     | 41              |
| Mental and nervous conditions-----                                                 | 998                                                                | 229             | 376           | 176     | 193             |
| Heart conditions-----                                                              | 2,582                                                              | 541             | 787           | 896     | 337             |
| High blood pressure-----                                                           | 1,034                                                              | 194             | 484           | 250     | 105             |
| Varicose veins-----                                                                | 320                                                                | 67              | 178           | 50      | (*)             |
| Hemorrhoids-----                                                                   | 221                                                                | 99              | 54            | 38      | 30              |
| Other conditions of circulatory system-----                                        | 620                                                                | 112             | 171           | 241     | 81              |
| Chronic sinusitis and bronchitis-----                                              | 349                                                                | 104             | 105           | 84      | 33              |
| Other conditions of respiratory system-----                                        | 312                                                                | 91              | 38            | 112     | 53              |
| Peptic ulcer-----                                                                  | 382                                                                | 161             | 72            | 79      | 69              |
| Hernia-----                                                                        | 489                                                                | 183             | 79            | 162     | 53              |
| Other conditions of digestive system-----                                          | 769                                                                | 177             | 308           | 169     | 98              |
| Conditions of genitourinary system-----                                            | 838                                                                | 177             | 354           | 210     | 89              |
| Arthritis and rheumatism-----                                                      | 2,416                                                              | 492             | 1,010         | 642     | 269             |
| Other diseases of muscles, bones, and joints-----                                  | 549                                                                | 245             | 153           | 58      | 82              |
| Visual impairments-----                                                            | 896                                                                | 124             | 219           | 371     | 158             |
| Hearing impairments-----                                                           | 316                                                                | 63              | 35            | 150     | 47              |
| Paralysis, complete or partial-----                                                | 601                                                                | 75              | 80            | 210     | 178             |
| Impairments (except paralysis) of back or spine-----                               | 957                                                                | 433             | 285           | 114     | 120             |
| Impairments (except paralysis and absence) of upper extremities and shoulders----- | 311                                                                | 124             | 78            | 50      | 54              |
| Impairments (except paralysis and absence) of lower extremities and hips-----      | 933                                                                | 301             | 220           | 225     | 154             |

<sup>1</sup>Major activity refers to ability to work, keep house, or go to school.

<sup>2</sup>Data for preschool and school age children are included in the total, but are not shown separately because of high sampling error.

<sup>3</sup>Summations of conditions causing limitation may be greater than the number of persons limited because a person can report more than one condition as a cause of his limitation; on the other hand, they may be less because only selected conditions are shown.

Table 7. Percent distribution of persons reported as limited in their major activity<sup>1</sup> due to selected chronic conditions, by usual activity status: United States, July 1959-June 1961

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

| Selected chronic conditions                                                        | Usual activity status             |                 |               |         |                 |
|------------------------------------------------------------------------------------|-----------------------------------|-----------------|---------------|---------|-----------------|
|                                                                                    | All activities <sup>2</sup>       | Usually working | Keeping house | Retired | Other (age-17+) |
| Persons with chronic activity limitation affecting major activity-----             | Percent distribution <sup>3</sup> |                 |               |         |                 |
|                                                                                    | 100.0                             | 100.0           | 100.0         | 100.0   | 100.0           |
| Tuberculosis, all forms-----                                                       | 1.0                               | 0.8             | (*)           | (*)     | 2.7             |
| Malignant neoplasms-----                                                           | 1.4                               | 1.1             | 1.3           | 1.4     | 2.1             |
| Benign and unspecified neoplasms-----                                              | 1.3                               | 1.3             | 2.1           | (*)     | (*)             |
| Asthma-hay fever-----                                                              | 4.7                               | 4.8             | 3.7           | 4.8     | 4.6             |
| Diabetes-----                                                                      | 2.6                               | 2.1             | 3.0           | 3.2     | 2.0             |
| Mental and nervous conditions-----                                                 | 7.0                               | 5.8             | 9.0           | 5.0     | 9.6             |
| Heart conditions-----                                                              | 18.2                              | 13.6            | 18.8          | 25.6    | 16.7            |
| High blood pressure-----                                                           | 7.3                               | 4.9             | 11.6          | 7.1     | 5.2             |
| Varicose veins-----                                                                | 2.3                               | 1.7             | 4.3           | 1.4     | (*)             |
| Hemorrhoids-----                                                                   | 1.6                               | 2.5             | 1.3           | 1.1     | 1.5             |
| Other conditions of circulatory system-----                                        | 4.4                               | 2.8             | 4.1           | 6.9     | 4.0             |
| Chronic sinusitis and bronchitis-----                                              | 2.5                               | 2.6             | 2.5           | 2.4     | 1.6             |
| Other conditions of respiratory system-----                                        | 2.2                               | 2.3             | 0.9           | 3.2     | 2.6             |
| Peptic ulcer-----                                                                  | 2.7                               | 4.1             | 1.7           | 2.3     | 3.4             |
| Hernia-----                                                                        | 3.4                               | 4.6             | 1.9           | 4.6     | 2.6             |
| Other conditions of digestive system-----                                          | 5.4                               | 4.5             | 7.4           | 4.8     | 4.9             |
| Conditions of genitourinary system-----                                            | 5.9                               | 4.5             | 8.5           | 6.0     | 4.4             |
| Arthritis and rheumatism-----                                                      | 17.0                              | 12.4            | 24.1          | 18.3    | 13.4            |
| Other diseases of muscles, bones, and joints-----                                  | 3.9                               | 6.2             | 3.7           | 1.7     | 4.1             |
| Visual impairments-----                                                            | 6.3                               | 3.1             | 5.2           | 10.6    | 7.9             |
| Hearing impairments-----                                                           | 2.2                               | 1.6             | 0.8           | 4.3     | 2.3             |
| Paralysis, complete or partial-----                                                | 4.2                               | 1.9             | 1.9           | 6.0     | 8.8             |
| Impairments (except paralysis) of back or spine-----                               | 6.7                               | 10.9            | 6.8           | 3.3     | 6.0             |
| Impairments (except paralysis and absence) of upper extremities and shoulders----- | 2.2                               | 3.1             | 1.9           | 1.4     | 2.7             |
| Impairments (except paralysis and absence) of lower extremities and hips-----      | 6.6                               | 7.6             | 5.3           | 6.4     | 7.7             |

<sup>1</sup>Major activity refers to ability to work, keep house, or go to school.

<sup>2</sup>Data for preschool and school age children are included in the total, but are not shown separately because of high sampling error.

<sup>3</sup>Summations of conditions causing limitation may be greater than the number of persons limited because a person can report more than one condition as a cause of his limitation; on the other hand, they may be less because only selected conditions are shown.

Table 8. Average number of persons reported as limited in their major activity<sup>1</sup> due to selected chronic conditions, by usual activity status and duration of limitation: United States, July 1959-June 1961

[Data are based on household interviews of the civilian, noninstitutional population. The survey designs, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

| Selected chronic conditions                                                        | Usual activity status                     |                                     |          |                                           |                                     |          |                                           |                                     |          |
|------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------|----------|-------------------------------------------|-------------------------------------|----------|-------------------------------------------|-------------------------------------|----------|
|                                                                                    | Usually working                           |                                     |          | Keeping house                             |                                     |          | Retired                                   |                                     |          |
|                                                                                    | Persons with limitation of major activity | Duration of limitation <sup>2</sup> |          | Persons with limitation of major activity | Duration of limitation <sup>2</sup> |          | Persons with limitation of major activity | Duration of limitation <sup>2</sup> |          |
|                                                                                    |                                           | Under 5 years                       | 5+ years |                                           | Under 5 years                       | 5+ years |                                           | Under 5 years                       | 5+ years |
| Persons with chronic activity limitation affecting major activity-----             | 3,975                                     | 2,053                               | 1,741    | 4,185                                     | 2,395                               | 1,569    | 3,505                                     | 1,675                               | 1,650    |
| Average number of persons with condition in thousands <sup>3</sup>                 |                                           |                                     |          |                                           |                                     |          |                                           |                                     |          |
| Tuberculosis, all forms-----                                                       | 33                                        | (*)                                 | (*)      | (*)                                       | (*)                                 | (*)      | (*)                                       | (*)                                 | (*)      |
| Malignant neoplasms-----                                                           | 44                                        | 39                                  | (*)      | 55                                        | 41                                  | (*)      | 49                                        | 33                                  | (*)      |
| Benign and unspecified neoplasms-----                                              | 53                                        | 40                                  | (*)      | 86                                        | 68                                  | (*)      | (*)                                       | (*)                                 | (*)      |
| Asthma-hay fever-----                                                              | 189                                       | 69                                  | 111      | 154                                       | 79                                  | 69       | 169                                       | 78                                  | 87       |
| Diabetes-----                                                                      | 82                                        | 41                                  | 37       | 127                                       | 66                                  | 55       | 112                                       | 64                                  | 48       |
| Mental and nervous conditions-----                                                 | 229                                       | 126                                 | 100      | 376                                       | 210                                 | 150      | 176                                       | 88                                  | 80       |
| Heart conditions-----                                                              | 541                                       | 335                                 | 196      | 787                                       | 457                                 | 306      | 896                                       | 466                                 | 407      |
| High blood pressure-----                                                           | 194                                       | 118                                 | 74       | 484                                       | 267                                 | 200      | 250                                       | 123                                 | 120      |
| Varicose veins-----                                                                | 67                                        | (*)                                 | 39       | 178                                       | 93                                  | 76       | 50                                        | (*)                                 | (*)      |
| Hemorrhoids-----                                                                   | 99                                        | 56                                  | 40       | 54                                        | 33                                  | (*)      | 38                                        | (*)                                 | (*)      |
| Other conditions of circulatory system-----                                        | 112                                       | 65                                  | 44       | 171                                       | 93                                  | 71       | 241                                       | 117                                 | 121      |
| Chronic sinusitis and bronchitis-----                                              | 104                                       | 43                                  | 58       | 105                                       | 45                                  | 56       | 84                                        | 43                                  | 36       |
| Other conditions of respiratory system-----                                        | 91                                        | 53                                  | 35       | 38                                        | (*)                                 | (*)      | 112                                       | 49                                  | 61       |
| Peptic ulcer-----                                                                  | 161                                       | 80                                  | 77       | 72                                        | 46                                  | (*)      | 79                                        | 41                                  | 37       |
| Hernia-----                                                                        | 183                                       | 96                                  | 78       | 79                                        | 47                                  | 32       | 162                                       | 75                                  | 86       |
| Other conditions of digestive system-----                                          | 177                                       | 86                                  | 85       | 308                                       | 167                                 | 127      | 169                                       | 74                                  | 88       |
| Conditions of genitourinary system-----                                            | 177                                       | 101                                 | 71       | 354                                       | 207                                 | 133      | 210                                       | 99                                  | 102      |
| Arthritis and rheumatism-----                                                      | 492                                       | 228                                 | 250      | 1,010                                     | 503                                 | 472      | 642                                       | 278                                 | 345      |
| Other diseases of muscles, bones, and joints-----                                  | 245                                       | 114                                 | 122      | 153                                       | 97                                  | 51       | 58                                        | (*)                                 | 32       |
| Visual impairments-----                                                            | 124                                       | 49                                  | 65       | 219                                       | 110                                 | 98       | 371                                       | 152                                 | 204      |
| Hearing impairments-----                                                           | 63                                        | (*)                                 | 45       | 35                                        | (*)                                 | (*)      | 150                                       | 52                                  | 87       |
| Paralysis, complete or partial-----                                                | 75                                        | 31                                  | 38       | 80                                        | 37                                  | 40       | 210                                       | 115                                 | 91       |
| Impairments (except paralysis) of back or spine-----                               | 433                                       | 200                                 | 222      | 285                                       | 151                                 | 122      | 114                                       | 55                                  | 56       |
| Impairments (except paralysis and absence) of upper extremities and shoulders----- | 124                                       | 47                                  | 72       | 78                                        | 38                                  | 40       | 50                                        | (*)                                 | (*)      |
| Impairments (except paralysis) and absence) of lower extremities and hips--        | 301                                       | 104                                 | 176      | 220                                       | 111                                 | 101      | 225                                       | 86                                  | 130      |

<sup>1</sup>Major activity refers to ability to work, keep house, or go to school.

<sup>2</sup>When limitations by duration do not add to the total estimate shown, the difference represents limitations of unknown duration.

<sup>3</sup>Summations of conditions causing limitation may be greater than the number of persons limited because a person can report more than one condition as a cause of his limitation; on the other hand, they may be less because only selected conditions are shown.

Table 9. Percent distribution of persons reported as limited in their major activity<sup>1</sup> due to selected chronic conditions, by usual activity status and duration of limitation: United States, July 1959-June 1961

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

| Selected chronic conditions                                                        | Usual activity status                     |                                     |          |                                           |                                     |          |                                           |                                     |          |
|------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------|----------|-------------------------------------------|-------------------------------------|----------|-------------------------------------------|-------------------------------------|----------|
|                                                                                    | Usually working                           |                                     |          | Keeping house                             |                                     |          | Retired                                   |                                     |          |
|                                                                                    | Persons with limitation of major activity | Duration of limitation <sup>2</sup> |          | Persons with limitation of major activity | Duration of limitation <sup>2</sup> |          | Persons with limitation of major activity | Duration of limitation <sup>2</sup> |          |
|                                                                                    |                                           | Under 5 years                       | 5+ years |                                           | Under 5 years                       | 5+ years |                                           | Under 5 years                       | 5+ years |
| Persons with chronic activity limitation affecting major activity-----             | 100.0                                     | 51.6                                | 43.8     | 100.0                                     | 57.2                                | 37.5     | 100.0                                     | 47.8                                | 47.1     |
| Percent distribution                                                               |                                           |                                     |          |                                           |                                     |          |                                           |                                     |          |
| Tuberculosis, all forms-----                                                       | 100.0                                     | (*)                                 | (*)      | 100.0                                     | (*)                                 | (*)      | 100.0                                     | (*)                                 | (*)      |
| Malignant neoplasms--                                                              | 100.0                                     | 88.6                                | (*)      | 100.0                                     | 74.5                                | (*)      | 100.0                                     | 67.3                                | (*)      |
| Benign and unspecified neoplasms----                                               | 100.0                                     | 75.5                                | (*)      | 100.0                                     | 79.1                                | (*)      | 100.0                                     | (*)                                 | (*)      |
| Asthma-hay fever-----                                                              | 100.0                                     | 36.5                                | 58.7     | 100.0                                     | 51.3                                | 44.8     | 100.0                                     | 46.2                                | 51.5     |
| Diabetes-----                                                                      | 100.0                                     | 50.0                                | 45.1     | 100.0                                     | 52.0                                | 43.3     | 100.0                                     | 57.1                                | 42.9     |
| Mental and nervous conditions-----                                                 | 100.0                                     | 55.0                                | 43.7     | 100.0                                     | 55.9                                | 39.9     | 100.0                                     | 50.0                                | 45.5     |
| Heart conditions-----                                                              | 100.0                                     | 61.9                                | 36.2     | 100.0                                     | 58.1                                | 38.9     | 100.0                                     | 52.0                                | 45.4     |
| High blood pressure---                                                             | 100.0                                     | 60.8                                | 38.1     | 100.0                                     | 55.2                                | 41.3     | 100.0                                     | 49.2                                | 48.0     |
| Varicose veins-----                                                                | 100.0                                     | (*)                                 | 58.2     | 100.0                                     | 52.2                                | 42.7     | 100.0                                     | (*)                                 | (*)      |
| Hemorrhoids-----                                                                   | 100.0                                     | 56.6                                | 40.4     | 100.0                                     | 61.1                                | (*)      | 100.0                                     | (*)                                 | (*)      |
| Other conditions of circulatory system--                                           | 100.0                                     | 58.0                                | 39.3     | 100.0                                     | 54.4                                | 41.5     | 100.0                                     | 48.5                                | 50.2     |
| Chronic sinusitis and bronchitis-----                                              | 100.0                                     | 41.3                                | 55.8     | 100.0                                     | 42.9                                | 53.3     | 100.0                                     | 51.2                                | 42.9     |
| Other conditions of respiratory system--                                           | 100.0                                     | 58.2                                | 38.5     | 100.0                                     | (*)                                 | (*)      | 100.0                                     | 43.8                                | 54.5     |
| Peptic ulcer-----                                                                  | 100.0                                     | 49.7                                | 47.8     | 100.0                                     | 63.9                                | (*)      | 100.0                                     | 51.9                                | 46.8     |
| Hernia-----                                                                        | 100.0                                     | 52.5                                | 42.6     | 100.0                                     | 59.5                                | 40.5     | 100.0                                     | 46.3                                | 53.1     |
| Other conditions of digestive system----                                           | 100.0                                     | 48.6                                | 48.0     | 100.0                                     | 54.2                                | 41.2     | 100.0                                     | 43.8                                | 52.1     |
| Conditions of genitourinary system----                                             | 100.0                                     | 57.1                                | 40.1     | 100.0                                     | 58.5                                | 37.6     | 100.0                                     | 47.1                                | 48.6     |
| Arthritis and rheumatism-----                                                      | 100.0                                     | 46.3                                | 50.8     | 100.0                                     | 49.8                                | 46.7     | 100.0                                     | 43.3                                | 53.7     |
| Other diseases of muscles, bones, and joints-----                                  | 100.0                                     | 46.5                                | 49.8     | 100.0                                     | 63.4                                | 33.3     | 100.0                                     | (*)                                 | 55.2     |
| Visual impairments----                                                             | 100.0                                     | 39.5                                | 52.4     | 100.0                                     | 50.2                                | 44.7     | 100.0                                     | 41.0                                | 55.0     |
| Hearing impairments---                                                             | 100.0                                     | (*)                                 | 71.4     | 100.0                                     | (*)                                 | (*)      | 100.0                                     | 34.7                                | 58.0     |
| Paralysis, complete or partial-----                                                | 100.0                                     | 41.3                                | 50.7     | 100.0                                     | 46.3                                | 50.0     | 100.0                                     | 54.8                                | 43.3     |
| Impairments (except paralysis) of back or spine-----                               | 100.0                                     | 46.2                                | 51.3     | 100.0                                     | 53.0                                | 42.8     | 100.0                                     | 48.2                                | 49.1     |
| Impairments (except paralysis and absence) of upper extremities and shoulders----- | 100.0                                     | 37.9                                | 58.1     | 100.0                                     | 48.7                                | 51.3     | 100.0                                     | (*)                                 | (*)      |
| Impairments (except paralysis and absence) of lower extremities and hips-----      | 100.0                                     | 34.6                                | 58.5     | 100.0                                     | 50.5                                | 45.9     | 100.0                                     | 38.2                                | 57.8     |

<sup>1</sup>Major activity refers to ability to work, keep house, or go to school.

<sup>2</sup>Where percentage distribution does not add to 100 percent, the difference represents limitations of unknown duration.

Table 10. Total population and average number and percent distribution of persons with limitation of activity due to chronic conditions, by degree of limitation, according to sex and age: United States, July 1959-June 1961

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

| Sex and age                                   | All persons | Persons with no chronic conditions | Persons with 1+ chronic conditions |                                |                                                         |                                                                  |                                                |
|-----------------------------------------------|-------------|------------------------------------|------------------------------------|--------------------------------|---------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------|
|                                               |             |                                    | Total                              | With no limitation of activity | With limitation, but not in major activity <sup>1</sup> | With limitation in amount or kind of major activity <sup>1</sup> | Unable to carry on major activity <sup>1</sup> |
| <b>Average number of persons in thousands</b> |             |                                    |                                    |                                |                                                         |                                                                  |                                                |
| Both sexes                                    |             |                                    |                                    |                                |                                                         |                                                                  |                                                |
| All ages---                                   | 176,302     | 102,453                            | 73,849                             | 54,577                         | 5,056                                                   | 10,243                                                           | 3,974                                          |
| Under 17-----                                 | 61,911      | 50,795                             | 11,116                             | 9,996                          | 580                                                     | 407                                                              | 133                                            |
| 17-44-----                                    | 63,068      | 34,473                             | 28,596                             | 23,943                         | 1,630                                                   | 2,600                                                            | 422                                            |
| 45-64-----                                    | 35,989      | 13,921                             | 22,068                             | 15,475                         | 1,803                                                   | 3,745                                                            | 1,045                                          |
| 65+-----                                      | 15,334      | 3,265                              | 12,070                             | 5,162                          | 1,043                                                   | 3,491                                                            | 2,374                                          |
| <b>Male</b>                                   |             |                                    |                                    |                                |                                                         |                                                                  |                                                |
| All ages---                                   | 85,776      | 51,024                             | 34,751                             | 25,221                         | 1,957                                                   | 4,915                                                            | 2,658                                          |
| Under 17-----                                 | 31,565      | 25,454                             | 6,111                              | 5,487                          | 323                                                     | 225                                                              | 75                                             |
| 17-44-----                                    | 29,951      | 17,061                             | 12,890                             | 10,692                         | 623                                                     | 1,324                                                            | 252                                            |
| 45-64-----                                    | 17,361      | 7,004                              | 10,357                             | 7,085                          | 695                                                     | 1,805                                                            | 772                                            |
| 65+-----                                      | 6,898       | 1,505                              | 5,394                              | 1,956                          | 316                                                     | 1,561                                                            | 1,559                                          |
| <b>Female</b>                                 |             |                                    |                                    |                                |                                                         |                                                                  |                                                |
| All ages---                                   | 90,526      | 51,429                             | 39,098                             | 29,357                         | 3,098                                                   | 5,328                                                            | 1,315                                          |
| Under 17-----                                 | 30,346      | 25,340                             | 5,005                              | 4,509                          | 257                                                     | 182                                                              | 57                                             |
| 17-44-----                                    | 33,117      | 17,412                             | 15,706                             | 13,253                         | 1,007                                                   | 1,276                                                            | 171                                            |
| 45-64-----                                    | 18,628      | 6,917                              | 11,710                             | 8,389                          | 1,108                                                   | 1,940                                                            | 273                                            |
| 65+-----                                      | 8,436       | 1,760                              | 6,676                              | 3,205                          | 727                                                     | 1,930                                                            | 814                                            |
| <b>Percent distribution</b>                   |             |                                    |                                    |                                |                                                         |                                                                  |                                                |
| Both sexes                                    |             |                                    |                                    |                                |                                                         |                                                                  |                                                |
| All ages---                                   | 100.0       | 58.1                               | 41.9                               | 31.0                           | 2.9                                                     | 5.8                                                              | 2.3                                            |
| Under 17-----                                 | 100.0       | 82.0                               | 18.0                               | 16.1                           | 0.9                                                     | 0.7                                                              | 0.2                                            |
| 17-44-----                                    | 100.0       | 54.7                               | 45.3                               | 38.0                           | 2.6                                                     | 4.1                                                              | 0.7                                            |
| 45-64-----                                    | 100.0       | 38.7                               | 61.3                               | 43.0                           | 5.0                                                     | 10.4                                                             | 2.9                                            |
| 65+-----                                      | 100.0       | 21.3                               | 78.7                               | 33.7                           | 6.8                                                     | 22.8                                                             | 15.5                                           |
| <b>Male</b>                                   |             |                                    |                                    |                                |                                                         |                                                                  |                                                |
| All ages---                                   | 100.0       | 59.5                               | 40.5                               | 29.4                           | 2.3                                                     | 5.7                                                              | 3.1                                            |
| Under 17-----                                 | 100.0       | 80.6                               | 19.4                               | 17.4                           | 1.0                                                     | 0.7                                                              | 0.2                                            |
| 17-44-----                                    | 100.0       | 57.0                               | 43.0                               | 35.7                           | 2.1                                                     | 4.4                                                              | 0.8                                            |
| 45-64-----                                    | 100.0       | 40.3                               | 59.7                               | 40.8                           | 4.0                                                     | 10.4                                                             | 4.4                                            |
| 65+-----                                      | 100.0       | 21.8                               | 78.2                               | 28.4                           | 4.6                                                     | 22.6                                                             | 22.6                                           |
| <b>Female</b>                                 |             |                                    |                                    |                                |                                                         |                                                                  |                                                |
| All ages---                                   | 100.0       | 56.8                               | 43.2                               | 32.4                           | 3.4                                                     | 5.9                                                              | 1.5                                            |
| Under 17-----                                 | 100.0       | 83.5                               | 16.5                               | 14.9                           | 0.8                                                     | 0.6                                                              | 0.2                                            |
| 17-44-----                                    | 100.0       | 52.6                               | 47.4                               | 40.0                           | 3.0                                                     | 3.9                                                              | 0.5                                            |
| 45-64-----                                    | 100.0       | 37.1                               | 62.9                               | 45.0                           | 5.9                                                     | 10.4                                                             | 1.5                                            |
| 65+-----                                      | 100.0       | 20.9                               | 79.1                               | 38.0                           | 8.6                                                     | 22.9                                                             | 9.6                                            |

NOTE: For official population estimates for more general use, see Bureau of the Census reports on the civilian population of the United States, in Current Population Reports: Series P-20, P-25, and P-60.

<sup>1</sup>Major activity refers to ability to work, keep house, or go to school.



Table 11. Total population and average number and percent distribution of persons with limitation of mobility due to chronic conditions, by degree of limitation, according to sex and age: United States, July 1959-June 1961

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

| Sex and age                            | All persons | Persons with no chronic conditions | Persons with 1+ chronic conditions |                         |                                  |                         |                   |
|----------------------------------------|-------------|------------------------------------|------------------------------------|-------------------------|----------------------------------|-------------------------|-------------------|
|                                        |             |                                    | Total                              | Not limited in mobility | Has trouble getting around alone | Cannot get around alone | Confined to house |
| Average number of persons in thousands |             |                                    |                                    |                         |                                  |                         |                   |
| Both sexes                             |             |                                    |                                    |                         |                                  |                         |                   |
| All ages-----                          | 176,302     | 102,453                            | 73,849                             | 69,083                  | 2,843                            | 1,008                   | 915               |
| Under 17-----                          | 61,911      | 50,795                             | 11,116                             | 10,917                  | 77                               | 72                      | 50                |
| 17-44-----                             | 63,068      | 34,473                             | 28,596                             | 28,086                  | 327                              | 97                      | 85                |
| 45-64-----                             | 35,989      | 13,921                             | 22,068                             | 20,736                  | 915                              | 220                     | 196               |
| 65+-----                               | 15,334      | 3,265                              | 12,070                             | 9,343                   | 1,523                            | 619                     | 584               |
| Male                                   |             |                                    |                                    |                         |                                  |                         |                   |
| All ages-----                          | 85,776      | 51,024                             | 34,751                             | 32,648                  | 1,425                            | 306                     | 374               |
| Under 17-----                          | 31,565      | 25,454                             | 6,111                              | 6,009                   | 34                               | 37                      | 31                |
| 17-44-----                             | 29,951      | 17,061                             | 12,890                             | 12,630                  | 181                              | 41                      | 39                |
| 45-64-----                             | 17,361      | 7,004                              | 10,357                             | 9,697                   | 495                              | 72                      | 94                |
| 65+-----                               | 6,898       | 1,505                              | 5,394                              | 4,311                   | 716                              | 156                     | 211               |
| Female                                 |             |                                    |                                    |                         |                                  |                         |                   |
| All ages-----                          | 90,526      | 51,429                             | 39,098                             | 36,435                  | 1,418                            | 703                     | 542               |
| Under 17-----                          | 30,346      | 25,340                             | 5,005                              | 4,908                   | 43                               | 35                      | (*)               |
| 17-44-----                             | 33,117      | 17,412                             | 15,706                             | 15,456                  | 147                              | 56                      | 47                |
| 45-64-----                             | 18,628      | 6,917                              | 11,710                             | 11,039                  | 421                              | 148                     | 103               |
| 65+-----                               | 8,436       | 1,760                              | 6,676                              | 5,032                   | 807                              | 464                     | 373               |
| Percent distribution                   |             |                                    |                                    |                         |                                  |                         |                   |
| Both sexes                             |             |                                    |                                    |                         |                                  |                         |                   |
| All ages-----                          | 100.0       | 58.1                               | 41.9                               | 39.2                    | 1.6                              | 0.6                     | 0.5               |
| Under 17-----                          | 100.0       | 82.0                               | 18.0                               | 17.6                    | 0.1                              | 0.1                     | 0.1               |
| 17-44-----                             | 100.0       | 54.7                               | 45.3                               | 44.5                    | 0.5                              | 0.2                     | 0.1               |
| 45-64-----                             | 100.0       | 38.7                               | 61.3                               | 57.6                    | 2.5                              | 0.6                     | 0.5               |
| 65+-----                               | 100.0       | 21.3                               | 78.7                               | 60.9                    | 9.9                              | 4.0                     | 3.8               |
| Male                                   |             |                                    |                                    |                         |                                  |                         |                   |
| All ages-----                          | 100.0       | 59.5                               | 40.5                               | 38.1                    | 1.7                              | 0.4                     | 0.4               |
| Under 17-----                          | 100.0       | 80.6                               | 19.4                               | 19.0                    | 0.1                              | 0.1                     | 0.1               |
| 17-44-----                             | 100.0       | 57.0                               | 43.0                               | 42.2                    | 0.6                              | 0.1                     | 0.1               |
| 45-64-----                             | 100.0       | 40.3                               | 59.7                               | 55.9                    | 2.9                              | 0.4                     | 0.5               |
| 65+-----                               | 100.0       | 21.8                               | 78.2                               | 62.5                    | 10.4                             | 2.3                     | 3.1               |
| Female                                 |             |                                    |                                    |                         |                                  |                         |                   |
| All ages-----                          | 100.0       | 56.8                               | 43.2                               | 40.2                    | 1.6                              | 0.8                     | 0.6               |
| Under 17-----                          | 100.0       | 83.5                               | 16.5                               | 16.2                    | 0.1                              | 0.1                     | (*)               |
| 17-44-----                             | 100.0       | 52.6                               | 47.4                               | 46.7                    | 0.4                              | 0.2                     | 0.1               |
| 45-64-----                             | 100.0       | 37.1                               | 62.9                               | 59.3                    | 2.3                              | 0.8                     | 0.6               |
| 65+-----                               | 100.0       | 20.9                               | 79.1                               | 59.6                    | 9.6                              | 5.5                     | 4.4               |

NOTE: For official population estimates for more general use, see Bureau of the Census reports on the civilian population of the United States, in Current Population Reports: Series P-20, P-25, and P-60.

Table 12. Total population and average number of persons with limitation of activity due to chronic conditions, by degree of limitation, usual activity status, and sex: United States, July 1959-June 1961

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

| Usual activity status and sex   | All persons                            | Persons with no chronic conditions | Persons with 1+ chronic conditions |                                |                                                         |                                                                  |                                                |
|---------------------------------|----------------------------------------|------------------------------------|------------------------------------|--------------------------------|---------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------|
|                                 |                                        |                                    | Total                              | With no limitation of activity | With limitation, but not in major activity <sup>1</sup> | With limitation in amount or kind of major activity <sup>1</sup> | Unable to carry on major activity <sup>1</sup> |
| <u>All activities</u>           | Average number of persons in thousands |                                    |                                    |                                |                                                         |                                                                  |                                                |
| Both sexes--                    | 176,302                                | 102,453                            | 73,849                             | 54,577                         | 5,056                                                   | 10,243                                                           | 3,974                                          |
| Male-----                       | 85,776                                 | 51,024                             | 34,751                             | 25,221                         | 1,957                                                   | 4,915                                                            | 2,658                                          |
| Female-----                     | 90,526                                 | 51,429                             | 39,098                             | 29,357                         | 3,098                                                   | 5,328                                                            | 1,315                                          |
| <u>Preschool and school age</u> |                                        |                                    |                                    |                                |                                                         |                                                                  |                                                |
| Both sexes--                    | 61,911                                 | 50,795                             | 11,116                             | 9,996                          | 580                                                     | 407                                                              | 133                                            |
| Male-----                       | 31,565                                 | 25,454                             | 6,111                              | 5,487                          | 323                                                     | 225                                                              | 75                                             |
| Female-----                     | 30,346                                 | 25,340                             | 5,005                              | 4,509                          | 257                                                     | 182                                                              | 57                                             |
| <u>Usually working</u>          |                                        |                                    |                                    |                                |                                                         |                                                                  |                                                |
| Both sexes--                    | 61,690                                 | 30,982                             | 30,708                             | 24,911                         | 1,823                                                   | 3,662                                                            | 313                                            |
| Male-----                       | 42,838                                 | 21,396                             | 21,442                             | 17,115                         | 1,278                                                   | 2,813                                                            | 237                                            |
| Female-----                     | 18,852                                 | 9,586                              | 9,266                              | 7,796                          | 545                                                     | 849                                                              | 76                                             |
| <u>Keeping house</u>            |                                        |                                    |                                    |                                |                                                         |                                                                  |                                                |
| Female-----                     | 36,656                                 | 14,361                             | 22,296                             | 15,938                         | 2,173                                                   | 3,872                                                            | 313                                            |
| <u>Retired</u>                  |                                        |                                    |                                    |                                |                                                         |                                                                  |                                                |
| Both sexes--                    | 6,197                                  | 1,109                              | 5,087                              | 1,325                          | 258                                                     | 1,398                                                            | 2,107                                          |
| Male-----                       | 5,109                                  | 927                                | 4,183                              | 1,126                          | 205                                                     | 1,185                                                            | 1,666                                          |
| Female-----                     | 1,087                                  | 183                                | 905                                | 199                            | 53                                                      | 213                                                              | 440                                            |
| <u>Other</u>                    |                                        |                                    |                                    |                                |                                                         |                                                                  |                                                |
| Both sexes--                    | 9,848                                  | 5,207                              | 4,642                              | 2,407                          | 223                                                     | 903                                                              | 1,109                                          |
| Male-----                       | 6,263                                  | 3,247                              | 3,016                              | 1,492                          | 152                                                     | 692                                                              | 680                                            |
| Female-----                     | 3,585                                  | 1,959                              | 1,626                              | 915                            | 71                                                      | 212                                                              | 429                                            |

NOTE: For official population estimates for more general use, see Bureau of the Census reports on the civilian population of the United States, in Current Population Reports: Series P-20, P-25, and P-60.

<sup>1</sup>Major activity refers to ability to work, keep house, or go to school.

Table 13. Percent distribution of persons with limitation of activity due to chronic conditions, by degree of limitation, according to usual activity status and sex: United States, July 1959-June 1961

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

| Usual activity status and sex   | All persons          | Persons with no chronic conditions | Persons with 1+ chronic conditions |                                |                                                         |                                                                  |                                                |
|---------------------------------|----------------------|------------------------------------|------------------------------------|--------------------------------|---------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------|
|                                 |                      |                                    | Total                              | With no limitation of activity | With limitation, but not in major activity <sup>1</sup> | With limitation in amount or kind of major activity <sup>1</sup> | Unable to carry on major activity <sup>1</sup> |
| <u>All activities</u>           | Percent distribution |                                    |                                    |                                |                                                         |                                                                  |                                                |
| Both sexes--                    | 100.0                | 58.1                               | 41.9                               | 31.0                           | 2.9                                                     | 5.8                                                              | 2.3                                            |
| Male-----                       | 100.0                | 59.5                               | 40.5                               | 29.4                           | 2.3                                                     | 5.7                                                              | 3.1                                            |
| Female-----                     | 100.0                | 56.8                               | 43.2                               | 32.4                           | 3.4                                                     | 5.9                                                              | 1.5                                            |
| <u>Preschool and school age</u> |                      |                                    |                                    |                                |                                                         |                                                                  |                                                |
| Both sexes--                    | 100.0                | 82.0                               | 18.0                               | 16.1                           | 0.9                                                     | 0.7                                                              | 0.2                                            |
| Male-----                       | 100.0                | 80.6                               | 19.4                               | 17.4                           | 1.0                                                     | 0.7                                                              | 0.2                                            |
| Female-----                     | 100.0                | 83.5                               | 16.5                               | 14.9                           | 0.8                                                     | 0.6                                                              | 0.2                                            |
| <u>Usually working</u>          |                      |                                    |                                    |                                |                                                         |                                                                  |                                                |
| Both sexes--                    | 100.0                | 50.2                               | 49.8                               | 40.4                           | 3.0                                                     | 5.9                                                              | 0.5                                            |
| Male-----                       | 100.0                | 49.9                               | 50.1                               | 40.0                           | 3.0                                                     | 6.6                                                              | 0.6                                            |
| Female-----                     | 100.0                | 50.8                               | 49.2                               | 41.4                           | 2.9                                                     | 4.5                                                              | 0.4                                            |
| <u>Keeping house</u>            |                      |                                    |                                    |                                |                                                         |                                                                  |                                                |
| Female-----                     | 100.0                | 39.2                               | 60.8                               | 43.5                           | 5.9                                                     | 10.6                                                             | 0.9                                            |
| <u>Retired</u>                  |                      |                                    |                                    |                                |                                                         |                                                                  |                                                |
| Both sexes--                    | 100.0                | 17.9                               | 82.1                               | 21.4                           | 4.2                                                     | 22.6                                                             | 34.0                                           |
| Male-----                       | 100.0                | 18.1                               | 81.9                               | 22.0                           | 4.0                                                     | 23.2                                                             | 32.6                                           |
| Female-----                     | 100.0                | 16.8                               | 83.3                               | 18.3                           | 4.9                                                     | 19.6                                                             | 40.5                                           |
| <u>Other</u>                    |                      |                                    |                                    |                                |                                                         |                                                                  |                                                |
| Both sexes--                    | 100.0                | 52.9                               | 47.1                               | 24.4                           | 2.3                                                     | 9.2                                                              | 11.3                                           |
| Male-----                       | 100.0                | 51.8                               | 48.2                               | 23.8                           | 2.4                                                     | 11.0                                                             | 10.9                                           |
| Female-----                     | 100.0                | 54.6                               | 45.4                               | 25.5                           | 2.0                                                     | 5.9                                                              | 12.0                                           |

NOTE: For official population estimates for more general use, see Bureau of the Census reports on the civilian population of the United States, in Current Population Reports: Series P-20, P-25, and P-60.

<sup>1</sup>Major activity refers to ability to work, keep house, or go to school.

Table 14. Total population and average number of persons with limitation of mobility due to chronic conditions, by degree of limitation, usual activity status, and sex: United States, July 1959-June 1961

[Data are based on household interviews of the civilian noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

| Usual activity status<br>and sex | All<br>persons                         | Persons<br>with no<br>chronic<br>conditions | Persons with 1+ chronic conditions |                                  |                                              |                                  |                      |
|----------------------------------|----------------------------------------|---------------------------------------------|------------------------------------|----------------------------------|----------------------------------------------|----------------------------------|----------------------|
|                                  |                                        |                                             | Total                              | Not<br>limited<br>in<br>mobility | Has<br>trouble<br>getting<br>around<br>alone | Cannot<br>get<br>around<br>alone | Confined<br>to house |
| <u>All activities</u>            | Average number of persons in thousands |                                             |                                    |                                  |                                              |                                  |                      |
| Both sexes-----                  | 176,302                                | 102,453                                     | 73,849                             | 69,083                           | 2,843                                        | 1,008                            | 915                  |
| Male-----                        | 85,776                                 | 51,024                                      | 34,751                             | 32,648                           | 1,425                                        | 306                              | 374                  |
| Female-----                      | 90,526                                 | 51,429                                      | 39,098                             | 36,435                           | 1,418                                        | 703                              | 542                  |
| <u>Preschool and school age</u>  |                                        |                                             |                                    |                                  |                                              |                                  |                      |
| Both sexes-----                  | 61,911                                 | 50,795                                      | 11,116                             | 10,917                           | 77                                           | 72                               | 50                   |
| Male-----                        | 31,565                                 | 25,454                                      | 6,111                              | 6,009                            | 34                                           | 37                               | 31                   |
| Female-----                      | 30,346                                 | 25,340                                      | 5,005                              | 4,908                            | 43                                           | 35                               | (*)                  |
| <u>Usually working</u>           |                                        |                                             |                                    |                                  |                                              |                                  |                      |
| Both sexes-----                  | 61,690                                 | 30,982                                      | 30,708                             | 30,143                           | 453                                          | 46                               | 67                   |
| Male-----                        | 42,838                                 | 21,396                                      | 21,442                             | 21,015                           | 350                                          | 31                               | 47                   |
| Female-----                      | 18,852                                 | 9,586                                       | 9,266                              | 9,129                            | 103                                          | (*)                              | (*)                  |
| <u>Keeping house</u>             |                                        |                                             |                                    |                                  |                                              |                                  |                      |
| Female-----                      | 36,656                                 | 14,361                                      | 22,296                             | 20,785                           | 987                                          | 349                              | 176                  |
| <u>Retired</u>                   |                                        |                                             |                                    |                                  |                                              |                                  |                      |
| Both sexes-----                  | 6,197                                  | 1,109                                       | 5,087                              | 3,491                            | 902                                          | 328                              | 367                  |
| Male-----                        | 5,109                                  | 927                                         | 4,183                              | 3,075                            | 730                                          | 167                              | 211                  |
| Female-----                      | 1,087                                  | 183                                         | 905                                | 415                              | 172                                          | 161                              | 156                  |
| <u>Other</u>                     |                                        |                                             |                                    |                                  |                                              |                                  |                      |
| Both sexes-----                  | 9,848                                  | 5,207                                       | 4,642                              | 3,747                            | 425                                          | 214                              | 256                  |
| Male-----                        | 6,263                                  | 3,247                                       | 3,016                              | 2,548                            | 311                                          | 72                               | 85                   |
| Female-----                      | 3,585                                  | 1,959                                       | 1,626                              | 1,198                            | 113                                          | 143                              | 171                  |

NOTE: For official population estimates for more general use, see Bureau of the Census reports on the civilian population of the United States, in Current Population Reports: Series P-20, P-25, and P-60.

Table 15. Percent distribution of persons with limitation of mobility due to chronic conditions, by degree of limitation, according to usual activity status and sex: United States, July 1959-June 1961

[Data are based on household interviews of the civilian noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

| Usual activity status<br>and sex | All<br>persons       | Persons<br>with no<br>chronic<br>conditions | Persons with 1+ chronic conditions |                                  |                                              |                                  |                      |
|----------------------------------|----------------------|---------------------------------------------|------------------------------------|----------------------------------|----------------------------------------------|----------------------------------|----------------------|
|                                  |                      |                                             | Total                              | Not<br>limited<br>in<br>mobility | Has<br>trouble<br>getting<br>around<br>alone | Cannot<br>get<br>around<br>alone | Confined<br>to house |
| <u>All activities</u>            | Percent distribution |                                             |                                    |                                  |                                              |                                  |                      |
| Both sexes-----                  | 100.0                | 58.1                                        | 41.9                               | 39.2                             | 1.6                                          | 0.6                              | 0.5                  |
| Male-----                        | 100.0                | 59.5                                        | 40.5                               | 38.1                             | 1.7                                          | 0.4                              | 0.4                  |
| Female-----                      | 100.0                | 56.8                                        | 43.2                               | 40.2                             | 1.6                                          | 0.8                              | 0.6                  |
| <u>Preschool and school age</u>  |                      |                                             |                                    |                                  |                                              |                                  |                      |
| Both sexes-----                  | 100.0                | 82.0                                        | 18.0                               | 17.6                             | 0.1                                          | 0.1                              | 0.1                  |
| Male-----                        | 100.0                | 80.6                                        | 19.4                               | 19.0                             | 0.1                                          | 0.1                              | 0.1                  |
| Female-----                      | 100.0                | 83.5                                        | 16.5                               | 16.2                             | 0.1                                          | 0.1                              | (*)                  |
| <u>Usually working</u>           |                      |                                             |                                    |                                  |                                              |                                  |                      |
| Both sexes-----                  | 100.0                | 50.2                                        | 49.8                               | 48.9                             | 0.7                                          | 0.1                              | 0.1                  |
| Male-----                        | 100.0                | 49.9                                        | 50.1                               | 49.1                             | 0.8                                          | 0.1                              | 0.1                  |
| Female-----                      | 100.0                | 50.8                                        | 49.2                               | 48.4                             | 0.5                                          | (*)                              | (*)                  |
| <u>Keeping house</u>             |                      |                                             |                                    |                                  |                                              |                                  |                      |
| Female-----                      | 100.0                | 39.2                                        | 60.8                               | 56.7                             | 2.7                                          | 1.0                              | 0.5                  |
| <u>Retired</u>                   |                      |                                             |                                    |                                  |                                              |                                  |                      |
| Both sexes-----                  | 100.0                | 17.9                                        | 82.1                               | 56.3                             | 14.6                                         | 5.3                              | 5.9                  |
| Male-----                        | 100.0                | 18.1                                        | 81.9                               | 60.2                             | 14.3                                         | 3.3                              | 4.1                  |
| Female-----                      | 100.0                | 16.8                                        | 83.3                               | 38.2                             | 15.8                                         | 14.8                             | 14.4                 |
| <u>Other</u>                     |                      |                                             |                                    |                                  |                                              |                                  |                      |
| Both sexes-----                  | 100.0                | 52.9                                        | 47.1                               | 38.0                             | 4.3                                          | 2.2                              | 2.6                  |
| Male-----                        | 100.0                | 51.8                                        | 48.2                               | 40.7                             | 5.0                                          | 1.1                              | 1.4                  |
| Female-----                      | 100.0                | 54.6                                        | 45.4                               | 33.4                             | 3.2                                          | 4.0                              | 4.8                  |

NOTE: For official population estimates for more general use, see Bureau of the Census reports on the civilian population of the United States, in Current Population Reports: Series P-20, P-25, and P-60.

## APPENDIX I

### TECHNICAL NOTES ON METHODS

#### Background of This Report

This report on Chronic Conditions Causing Limitation of Activities is one of a series of statistical reports prepared by the U. S. National Health Survey. It is based on information collected in a continuing nationwide sample of households in the Health Interview Survey, a major aspect of the program.

The Health Interview Survey utilizes a questionnaire which, in addition to personal and demographic characteristics, obtains information on illnesses, injuries, chronic conditions and impairments, and other health topics. As data relating to each of these various broad topics are tabulated and analyzed, separate reports are issued which cover one or more of the specific topics. The present report is based on the consolidated sample for 104 weeks of interviewing during the period July 1959-June 1961.

The population covered by the sample for the Health Interview Survey is the civilian, noninstitutional population of the United States living at the time of the interview. The sample does not include members of the Armed Forces, U. S. nationals living in foreign countries, or crews of vessels.

#### Statistical Design of the Health Interview Survey

General plan.—The sampling plan of the survey follows a multistage probability design which permits a continuous sampling of the civilian, noninstitutional population of the United States. The first stage of this design consists of drawing a sample of 500 from the 1,900 geographically defined Primary Sampling Units (PSU's) into which the United States has been divided. A PSU is a county, a group of contiguous counties, or a Standard Metropolitan Statistical Area.

With no loss in general understanding, the remaining stages can be telescoped and treated in this discussion as an ultimate stage. Within PSU's then, ultimate stage units called segments are defined, also geographically, in such a manner that each segment contains an expected six households in the sample. Each week a random sample of about 120 segments is drawn. In the approximately 700 households in those segments, household members are interviewed concerning factors related to health.

Since the household members interviewed each week are a representative sample of the population, samples for successive weeks can be combined into larger samples. Thus, the design permits both continuous measurement of characteristics of high incidence or prevalence in the population, and through the larger consolidated samples, more detailed analysis of less common characteristics and smaller categories. The continuous collection has administrative and operational

advantages as well as technical assets, since it permits field work to be handled with an experienced, stable staff.

Sample size and geographic detail.—Over the 24-month period ending June 1961, the sample included approximately 250,000 persons from 76,000 households in 12,800 segments. The over-all sample was designed in such a fashion that tabulations can be provided for each of the major geographic regions and for urban and rural sectors of the United States.

Collection of data.—The field operations for the household survey are performed by the Bureau of the Census under specifications established by the Public Health Service. In accordance with these specifications the Bureau of the Census designs and selects the sample; conducts the field interviewing, acting as the collecting agent for the Public Health Service; and edits and codes the questionnaires. Tabulations are prepared by the Public Health Service using the Bureau of the Census electronic computers.

Estimating methods.—Each statistic produced by the survey—for example, the number of persons who are unable to carry on their major activity—is the result of two stages of ratio estimation. In the first of these, the factor is the ratio of the 1950 decennial population count to the 1950 estimated population in the U. S. National Health Survey's first-stage sample of PSU's. These factors are applied for some 50 color-residence classes.

Later, ratios of sample-produced estimates of the population to official Bureau of the Census figures for current population in about 60 age-sex-color classes are computed, and serve as second-stage factors for ratio estimating.

The effect of the ratio estimating process is to make the sample closely representative of the population by age, sex, color, and residence, thus reducing sampling variance.

As noted, each week's sample represents the population living during that week as well as characteristics of the population. Consolidation of samples over a time period, say a calendar quarter, produces estimates of average characteristics of the U. S. population for that calendar quarter.

For prevalence statistics, such as number of persons with one or more chronic conditions, figures are first calculated for each calendar quarter by averaging estimates for all weeks of interviewing in that quarter. Prevalence data for a year are then obtained by averaging the four quarterly figures.

#### General Qualifications

Nonresponse.—Data were adjusted for nonresponse by a procedure which imputes to persons in a household which was not interviewed the characteristics of per-

sons in households in the same segment which were interviewed. The total noninterview rate was 5 percent; 1 percent was refusal, and the remainder was primarily due to the failure to find any eligible household respondent after repeated trials.

The interview process.—The statistics presented in this report are based on replies secured in interviews of persons in the sampled households. Each person 17 years and over, available at the time of interview, was interviewed individually. Proxy respondents within the household were employed for children and for adults not available at the time of the interview; provided the respondent was closely related to the person about whom information was being obtained.

There are limitations to the accuracy of diagnostic and other information collected in household interviews. For diagnostic information, the household respondent can, at best, pass on to the interviewer only the information the physician has given to the family. For conditions not medically attended, diagnostic information is often no more than a description of symptoms. However, other types of facts such as those concerning the circumstances and consequences of illness or injury and the resulting action taken or sought by the individual can be obtained more accurately from household members than from any other source, since only the persons concerned are in a position to report all of this type of information.

Rounding of numbers.—The original tabulations on which the data in this report are based show all estimates to the nearest whole unit. All consolidations were made from the original tabulations using the estimates to the nearest unit. In the final published tables the figures are rounded to the nearest thousand, although they are not necessarily accurate to that detail. Derived statistics such as rates and percent distributions are computed after the estimates on which they are based have been rounded to the nearest thousand.

Population figures.—Some of the published tables include population figures for specified categories. Except for certain over-all totals by age and sex, which are adjusted to independent estimates, these figures are based on the sample of households in the U. S. National Health Survey. They are given primarily for the purpose of providing denominators for rate computation, and for this purpose are more appropriate for use with the accompanying measures of health characteristics than other population data that may be available. In some instances they will permit users to recombine published data into classes more suitable to their specific needs. With the exception of the over-all totals by age and sex, mentioned above, the population figures may in some cases differ from corresponding figures (which are derived from different sources) published in reports of the Bureau of the Census. For population data for general use, see the official estimates presented in Bureau of the Census reports in the P-20, P-25, and P-60 series.

### Reliability of Estimates

Since the estimates are based on a sample, they will differ somewhat from the figures that would have been obtained if a complete census had been taken using the same schedules, instructions, and interviewing per-

sonnel and procedures. As in any survey, the results are also subject to measurement error.

The standard error is primarily a measure of sampling variability, that is, the variations that might occur by chance because only a sample of the population is surveyed. As calculated for this report, the standard error also reflects part of the variation which arises in the measurement process. It does not include estimates of any biases which might lie in the data. The chances are about 68 out of 100 that an estimate from the sample would differ from a complete census by less than the standard error. The chances are about 95 out of 100 that the difference would be less than twice the standard error and about 99 out of 100 that it would be less than  $2\frac{1}{2}$  times as large.

The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself, and is expressed as a percentage of the estimate. Included in this Appendix are charts from which the relative standard errors can be determined for estimates shown in the report. In order to derive relative errors which would be applicable to a wide variety of health statistics and which could be prepared at a moderate cost, a number of approximations were required. As a result, the charts provide an estimate of the approximate relative standard error rather than the precise error for any specific aggregate or percentage.

Three classes of statistics for the health survey are identified for purposes of estimating variances.

Narrow range.—This class consists of (1) statistics which estimate a population attribute, e.g., the number of persons with visual impairments, and (2) statistics for which the measure for a single individual for the period of reference is usually either 0 or 1, on occasion may take on the value 2, and very rarely, 3.

Medium range.—This class consists of other statistics for which the measure for a single individual for the period of reference will rarely lie outside the range 0 to 5.

Wide range.—This class consists of statistics for which the measure for a single individual for the period of reference frequently will range from 0 to a number in excess of 5, e.g., the number of days of work loss experienced during the year.

In addition to classifying variables according to whether they are narrow-, medium-, or wide-range, statistics in the survey are further defined as:

Type A.—Statistics on prevalence, and incidence data for which the period of reference in the questionnaire is 12 months.

Type B.—Incidence-type statistics for which the period of reference in the questionnaire is two weeks.

Only the charts on sampling error applicable to data contained in this report are presented. Those shown are charts for aggregates and percentages based on eight calendar quarters of data collection.

General rules for determining relative sampling errors.—The "guide" on page 28, together with the following rules, will enable the reader to determine approximate relative standard errors from the charts for estimates presented in this report.

Rule 1. Estimates of aggregates: Approximate relative standard errors of estimates of

aggregates, such as the number of persons with a given characteristic, are obtained from appropriate curves on page 29. The number of persons in the total U. S. population or in an age-sex class of the total population is adjusted to official Bureau of the Census figures and is not subject to sampling error.

- Rule 2. Estimates of percentages in a percent distribution: Relative standard errors of percentages in a percent distribution of a total are obtained from appropriate curves

on page 30. For values which do not fall on one of the curves presented in the chart, visual interpolation will provide a satisfactory approximation.

- Rule 3. Estimates of rates where the numerator is a subclass of the denominator: (Not required for statistics presented in this report.)
- Rule 4. Estimates of rates where the numerator is not a subclass of the denominator: (Not required for statistics presented in this report.)



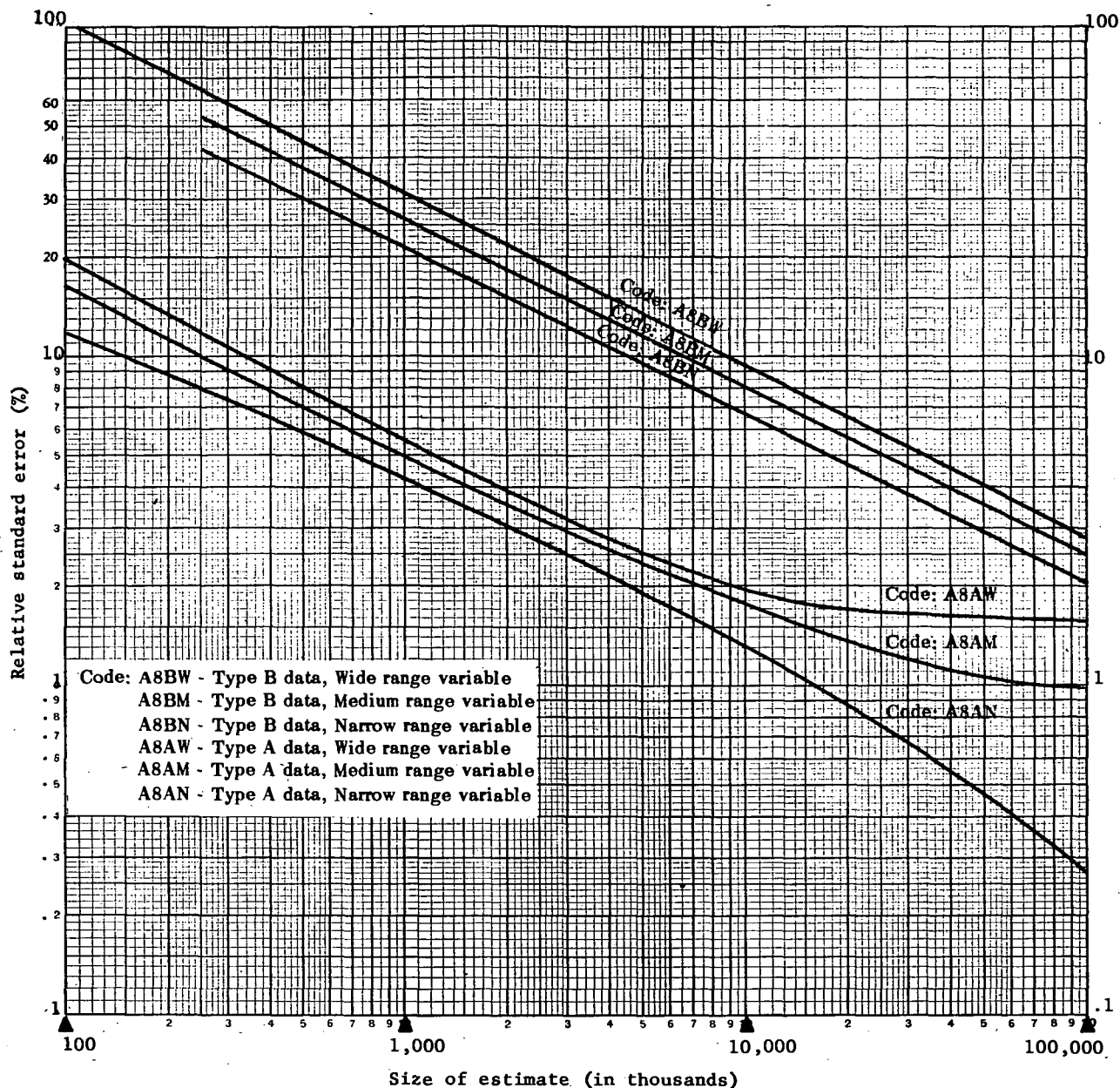
## Guide to Use of Relative Standard Error Charts

The code shown below identifies the appropriate curve to be used in estimating the relative standard error of the statistic described. The four components of each code describe the statistic as follows:

(1) A = aggregate, P = percentage; (2) the number of calendar quarters of data collection; (3) the type of the statistic as described on page 26, and (4) the range of the statistic as described on page 26.

| Statistic                                                                               | Use:                          |         |      |
|-----------------------------------------------------------------------------------------|-------------------------------|---------|------|
|                                                                                         | Rule                          | Code on | page |
| Number of:                                                                              |                               |         |      |
| Persons with limitation of activity and mobility, by characteristic-----                | 1                             | A8AN    | 29   |
| Chronic conditions, by type-----                                                        | 1                             | A8AN    | 29   |
| Persons in the U. S. population, or total number of persons in any age-sex category---- | Not subject to sampling error |         |      |
| Percentage distribution of:                                                             |                               |         |      |
| Persons with limitation of activity and mobility, by characteristic-----                | 2                             | P8AN-M  | 30   |
| Chronic conditions, by type-----                                                        | 2                             | P8AN-M  | 30   |

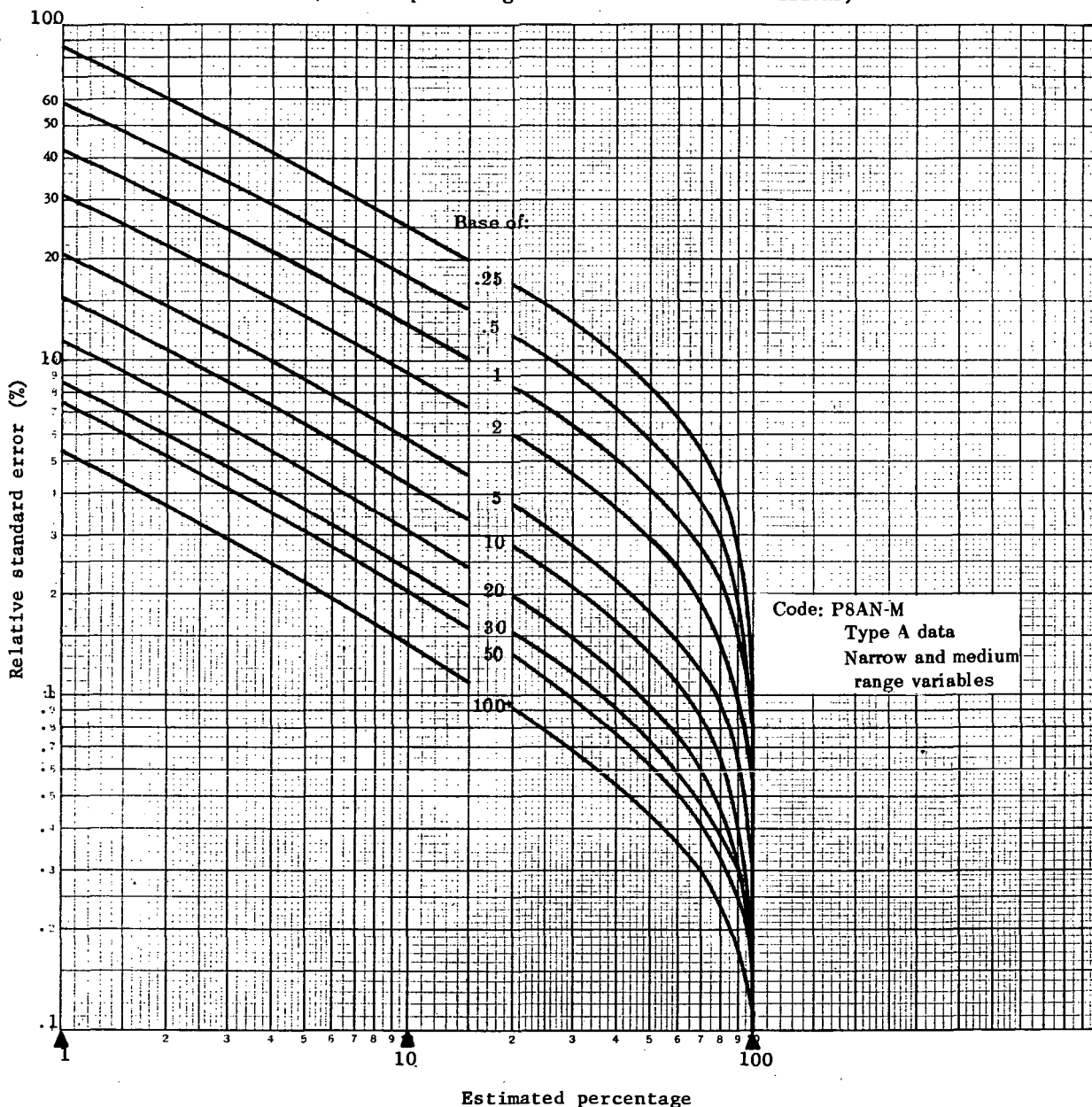
Relative standard errors for aggregates based on eight quarters of data collection  
for data of all types and ranges



Example of use of chart: An aggregate of 5,000,000 (on scale at bottom of chart) for a Narrow range type A statistic (code: A8AN) has a relative standard error of 1.9 percent, read from scale at left side of chart, or a standard error of 95,000 (1.9 percent of 5,000,000). For a Wide range type B statistic (code: A8BW), an aggregate of 10,000,000 has a relative error of 9.3 percent or a standard error of 930,000 (9.3 percent of 10,000,000).

Relative standard errors for percentages based on eight quarters of data collection  
for type A data, Narrow and Medium range

(Base of percentage shown on curves in millions)



Example of use of chart: An estimate of 20 percent (on scale at bottom of chart) based on an estimate of 10,000,000 has a relative standard error of 2.8 percent (read from the scale at the left side of the chart), the point at which the curve for a base of 10,000,000 intersects the vertical line for 20 percent. The standard error in percentage points is equal to 20 percent X 2.8 percent or 0.56 percentage points.

## APPENDIX II

### DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

#### Terms Relating to Chronic Conditions

**Condition.**—A morbidity condition, or simply a condition, is any entry on the questionnaire which describes a departure from a state of physical or mental well-being. It results from a positive response to one of a series of "illness-recall" questions. In the coding and tabulating process, conditions are selected or classified according to a number of different criteria, such as, whether they were medically attended; whether they resulted in disability; whether they were acute or chronic; or according to the type of disease, injury, impairment, or symptom reported. For the purposes of each published report or set of tables, only those conditions recorded on the questionnaire which satisfy certain stated criteria are included.

Conditions, except impairments, are coded by type according to the International Classification of Diseases with certain modifications adopted to make the code more suitable for a household-interview-type survey.

**Chronic condition.**—A condition is considered to be chronic if (1) it is described by the respondent in terms of one of the chronic diseases on the "Check List of Chronic Conditions" or in terms of one of the types of impairments on the "Check List of Impairments," or (2) the condition is described by the respondent as having been first noticed more than three months before the week of the interview.

**Impairments.**—Impairments are chronic or permanent defects, usually static in nature, resulting from disease, injury, or congenital malformation. They represent decrease or loss of ability to perform various functions, particularly those of the musculoskeletal system and the sense organs. All impairments are classified by means of a special supplementary code for impairments. Hence, code numbers for impairments in the International Classification of Diseases are not used. In the Supplementary Code, impairments are grouped according to type of functional impairment and etiology.

**Persons with chronic conditions.**—The estimated number of persons with chronic conditions is based on the number of persons who at the time of the interview were reported to have one or more chronic conditions.

**Prevalence of conditions.**—In general, prevalence of conditions is the estimated number of conditions of a specified type existing at a specified time or the average number existing during a specified interval of time. The prevalence of chronic conditions is defined as the number of chronic cases reported to be present or assumed to be present at the time of the interview; those assumed to be present at the time of the interview are cases described by the respondent in terms of one of the chronic diseases on the "Check List of Chronic Conditions" and reported to have been present at some time during the 12-month period prior to the interview.

#### Terms Relating to Disability

**Chronic activity limitation.**—Persons with chronic conditions are classified into four categories according to the extent to which their activities are limited at present as a result of these conditions. Since the usual activities of preschool children, school-age children, housewives, and workers and other persons differ, a different set of criteria is used for each group. There is a general similarity between them, however, as will be seen in the descriptions of the four categories below:

1. **Persons unable to carry on major activity for their group** (major activity refers to ability to work, keep house, or go to school)

Preschool children: inability to take part in ordinary play with other children.

School-age children: inability to go to school.

Housewives: inability to do any housework.

Workers and all other persons:

inability to work at a job or business.

2. **Persons limited in the amount or kind of major activity performed** (major activity refers to ability to work, keep house, or go to school)

Preschool children: limited in the amount or kind of play with other children, e.g., need special rest periods, cannot play strenuous games, cannot play for long periods at a time.

School-age children: limited to certain types of schools or in-school attendance, e.g., need special schools or special teaching, cannot go to school full time or for long periods at a time.

Housewives: limited in amount or kind of housework, i.e., cannot lift children, wash or iron, or do housework for long periods at a time.

Workers and all other persons:

limited in amount or kind of work, e.g., need special working aids or special rest periods at work, cannot work full time or for long periods at a time, cannot do strenuous work.

3. **Persons not limited in major activity but otherwise limited** (major activity refers to ability to work, keep house, or go to school)

- Preschool children: not classified in this category.
- School-age children: not limited in going to school but limited in participation in athletics or other extracurricular activities.
- Housewives: not limited in housework but limited in other activities, such as church, clubs, hobbies, civic projects, or shopping.
- Workers and all other persons: not limited in regular work activities but limited in other activities, such as church, clubs, hobbies, civic projects, sports, or games.

4. Persons not limited in activities

Includes persons with chronic conditions whose activities are not limited in any of the ways described above.

Chronic mobility limitation.—Persons with chronic activity limitation of some degree as a result of one or more chronic conditions are classified according to the extent to which their mobility is limited at present. There are four categories as follows:

1. Confined to the house—confined to the house all the time except in emergencies.
2. Cannot get around alone—able to go outside but needs the help of another person in getting around outside.
3. Has trouble getting around alone—able to go outside alone but has trouble in getting around freely.
4. Not limited in mobility—not limited in any of the ways described above.

## Demographic, Social, and Economic Terms

Age.—The age recorded for each person is the age at last birthday. Age is recorded in single years and grouped in a variety of distributions depending upon the purpose of the table.

Usual activity status.—All persons in the population are classified according to their usual activity status during the 12-month period prior to the week of interview. The "usual" activity status, in case more than

one is reported, is the one at which the person spent the most time during the 12-month period. Children under 6 years of age are classified as "preschool." All persons aged 6-16 years are classified as "school age."

The categories of usual activity status used in this report for persons aged 17 years and over are: usually working, usually keeping house, retired, and other. For several reasons, these categories are not comparable with somewhat similarly named categories in official Federal labor force statistics. First, the responses concerning usual activity status are accepted without detailed questioning, since the objective of the question is not to estimate the numbers of persons in labor force categories but to identify crudely certain population groups which may have differing health problems. Second, the figures represent the usual activity status over the period of an entire year, whereas official labor force statistics relate to a much shorter period, usually one week. Third, the minimum age for usually working persons is 17 in the U. S. National Health Survey and the official labor force categories include all persons age 14 or older. Finally in the definitions of specific categories which follow, certain marginal groups are classified differently to simplify procedures.

Usually working includes persons 17 years of age or older who are paid employees; self employed in their own business, profession, or in farming; or unpaid employees in a family business or farm. Work around the house, or volunteer or unpaid work, such as for a church, etc., is not counted as working.

Usually keeping house includes female persons 17 years of age or older whose major activity is described as "keeping house" and who cannot be classified as "working."

Retired includes persons 45 years old or over who consider themselves to be retired. In case of doubt, a person 45 years of age or older is counted as retired if he, or she, has either voluntarily or involuntarily stopped working, is not looking for work, and is not described as "keeping house." A retired person may or may not be unable to work.

Other in this report includes males 17 years of age or older not classified as "working," or "retired," and females 17 years of age or older not classified as "working," "keeping house," or "retired." Persons aged 17 years and over who are going to school are included in this group.

## APPENDIX III

## QUESTIONNAIRE

The items below show the exact content and wording of the basic questionnaire used in the nationwide household survey of the U. S. National Health Survey. The actual questionnaire is designed for a household as a unit and includes additional spaces for reports on more than one person, condition, accident or hospitalization. Such repetitive spaces are omitted in this illustration.

**CONFIDENTIAL** - The National Health Survey is authorized by Public Law 652 of the 84th Congress (70 Stat 489; 42 U.S.C. 305). All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any other purposes (22 FR 1687).

FORM NHS-4  
(4-6-60)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
ACTING AS COLLECTING AGENT FOR THE  
U.S. PUBLIC HEALTH SERVICE

**NATIONAL HEALTH SURVEY**

1. Questionnaire of \_\_\_\_\_  
Questionnaires

2. (a) Address or description of location \_\_\_\_\_  
(b) Mailing address if not shown in (a) \_\_\_\_\_

3. Ident. Code \_\_\_\_\_ 3a. Reg. office Code \_\_\_\_\_ 4. Sub-sample weight \_\_\_\_\_ 5. Sample \_\_\_\_\_ 6. PSU Number \_\_\_\_\_

7. Segment No. \_\_\_\_\_ 8. Serial No. \_\_\_\_\_

(c) Type of living quarters: ☐ Housing unit ☐ Other (d) Name of Special Dwelling Place \_\_\_\_\_ Code \_\_\_\_\_

9. Is this house on a farm or ranch? ☐ Yes ☐ No

L Ask items 10 and 11 only, if "rural" box is checked:  
☐ Rural ☐ All other

10. Do you own or rent this place?  
☐ Own ☐ Rent ☐ Rent free

11. If "Own" or "rent free" in question 10, ask:  
(a) Does this place have 10 or more acres?  
If "rent" in question 10, ask:  
(b) Does the place you rent have 10 or more acres?

(c) During the past 12 months did sales of crops, livestock, and other farm products from the place amount to \$50 or more?  
☐ Yes ☐ No

(d) During the past 12 months did sales of crops, livestock, and other farm products from the place amount to \$250 or more?  
☐ Yes ☐ No

12. Are there any other living quarters, occupied or vacant, in this building (apartment)? ☐ Yes ☐ No

13. Does anyone else living in this building use YOUR ENTRANCE to get to his living quarters? ☐ Yes ☐ No

INSTRUCTIONS FOR Q. 12, 13 AND 14  
If "Yes," to questions 12, 13 or 14 apply definition of a housing unit to determine whether one or more additional questionnaires should be filled and whether the listing is to be corrected.

Ask at all units except apartment houses:  
14. Is there any other building on this property for people to live in - either occupied or vacant? ☐ Yes ☐ No

15. What is the telephone number here? \_\_\_\_\_ 16. In case I've overlooked anything, what is the best time to call? \_\_\_\_\_  
☐ No phone

**17. RECORD OF CALLS AT HOUSEHOLDS**

| Item                                 | 1              | Com.       | 2 | Com. | 3 | Com. | 4 | Com. | 5 | Com. |
|--------------------------------------|----------------|------------|---|------|---|------|---|------|---|------|
| Entire household                     | Date _____     |            |   |      |   |      |   |      |   |      |
| Callbacks for individual respondents | Col. No. _____ | Date _____ |   |      |   |      |   |      |   |      |

**18. REASON FOR NON-INTERVIEW**

| TYPE    | A                                                                                                                                                                                                            | B                                                                                                                                                                                                                                             | C                                                                                                                                                                                           | Z                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Reason: | <input type="checkbox"/> Refusal (Fill item 19)<br><input type="checkbox"/> No one at home - repeated calls<br><input type="checkbox"/> Temporarily absent<br><input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> Vacant - non-seasonal<br><input type="checkbox"/> Vacant - seasonal<br><input type="checkbox"/> Usual residence elsewhere<br><input type="checkbox"/> Armed Forces<br><input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> Demolished<br><input type="checkbox"/> In sample by mistake<br><input type="checkbox"/> Eliminated in sub-sample<br><input type="checkbox"/> Other (Specify) _____ | Interview not obtained for:<br>Cols. _____<br>because: _____ |

19. Reason for refusal \_\_\_\_\_

**20. TYPE A FOLLOW-UP PROCEDURE**

If final call results in a Type A non-interview (except Refusals) take the following steps:

- Contact neighbors (caretakers, etc.) until you find someone who knows the family.
- Find out the number of people in the household, their names and approximate ages; if names of all members not known, ascertain relationships. Record this information in the regular spaces inside the questionnaire.
- Find out if anyone in the housing unit is now in a hospital as a patient; if so, which person it is. This is done by asking the following question:

4. Is anyone in the household now in the hospital? ☐ Yes ☐ No ☐ Don't know ☐ No contact made

(a) If "Yes," - Who? (Enter name) \_\_\_\_\_ (Col. No.) \_\_\_\_\_

1. (a) What is the name of the head of this household? (Enter name in first column)

(b) What are the names of all other persons who live here? (List all persons who usually live here, and all persons staying here who have no usual place of residence elsewhere. List these persons in the prescribed order.)

(c) Do any (other) lodgers or roomers live here? ☐ No ☐ Yes (List) \_\_\_\_\_

(d) Is there anyone else who lives here who is now temporarily in a hospital? ☐ No ☐ Yes (List) \_\_\_\_\_

(e) Away on business? ☐ No ☐ Yes (List) \_\_\_\_\_

(f) On a visit? ☐ No ☐ Yes (List) \_\_\_\_\_

(g) Is there anyone else staying here now? ☐ No ☐ Yes (List) \_\_\_\_\_

(h) Do any of the people in this household have a home elsewhere?  
☐ No (leave on questionnaire) ☐ Yes (apply household membership rules; if not a member, delete)

2. How are you related to the head of the household? (Enter relationship to head, for example: head, wife, daughter, grandson, mother-in-law, partner, lodger, lodger's wife, etc.)

| Relationship           | Head                   | Relationship |
|------------------------|------------------------|--------------|
| Last name (1)          | Last name (2)          |              |
| First name and initial | First name and initial |              |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. How old were you on your last birthday?                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Age _____ <input type="checkbox"/> Under 1 year                                                                                                                                                                                                                                                                                                                                                                                                   |
| 4. Race (Check one box for each person)                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> White <input type="checkbox"/> Negro<br><input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                   |
| 5. Sex (Check one box for each person)                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                                                                                                                                                                                                                                                                     |
| If 17 years old or over, ask:<br>6. Are you now married, widowed, divorced, separated or never married?<br>(Check one box for each person)                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Under 17 years<br><input type="checkbox"/> Married <input type="checkbox"/> Divorced<br><input type="checkbox"/> Widowed <input type="checkbox"/> Separated<br><input type="checkbox"/> Never married                                                                                                                                                                                                                    |
| If 17 years old or over, ask:<br>7. (a) What is the highest grade you attended in school?<br>(Circle highest grade attended or check "None")<br><br>(b) Did you finish the -- grade (year)?                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Under 17 years<br>Elem: 1 2 3 4 5 6 7 8<br>High: 1 2 3 4<br>College: 1 2 3 4 5+<br><input type="checkbox"/> None<br>-----<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                    |
| If Male and 17 years old or over, ask:<br>8. (a) Did you ever serve in the Armed Forces of the United States?<br>If "Yes," ask:<br>(b) Are you now in the Armed Forces, not counting the reserves?<br>(If "Yes," delete this person from questionnaire) →<br>(c) Was any of your service during a war or was it peace-time only?<br>If "War," ask:<br>(d) During which war did you serve?<br>If "Peace-time" only, ask:<br>(e) Was any of your service between June 27, 1950 and January 31, 1955? | <input type="checkbox"/> Fem. or und. 17 yrs<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>-----<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>-----<br><input type="checkbox"/> War <input type="checkbox"/> Peace-time only<br>-----<br><input type="checkbox"/> WW II <input type="checkbox"/> Korean<br><input type="checkbox"/> Other<br>-----<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| If 17 years old or over, ask:<br>9. (a) What were you doing most of the past 12 months--<br>(For males): working, or doing something else?<br>(For females): working, keeping house, or doing something else?<br>If "Something else" checked, and person is 45 years old or over, ask:<br>(b) Are you retired?                                                                                                                                                                                     | <input type="checkbox"/> Under 17 years<br><input type="checkbox"/> Working<br><input type="checkbox"/> Keeping house<br><input type="checkbox"/> Something else<br>-----<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                             |
| If "Working," in q. 9(a), ask:<br>10. (a) Were you working last week or the week before?<br>If "Keeping house" or "Something else" in q. 9(a), ask:<br>(b) Did you work at a job or business at any time last week or the week before?<br>If "No," in q. 10(a) or 10(b), ask:<br>(c) Even though you did not work last week or the week before, do you have a job or business?                                                                                                                     | <input type="checkbox"/> Under 17 years<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>-----<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                          |
| NOTE: Determine which adults are at home and record this information. Beginning with question 11 you are to interview for himself or herself, each adult person who is at home.                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 11. Were you sick at any time LAST WEEK OR THE WEEK BEFORE? (That is, the 2-week period which ended last Sunday)?<br>(a) What was the matter?<br>(b) Anything else?                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Under 17 years<br><input type="checkbox"/> At home <input type="checkbox"/> Not at home<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                      |
| 12. Last week or the week before did you take any medicine or treatment for any condition (besides... which you told me about)?<br>(a) For what conditions?<br>(b) Anything else?                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                          |
| 13. Last week or the week before did you have any accidents or injuries?<br>(a) What were they?<br>(b) Anything else?                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                          |
| 14. Did you ever have an (any other) accident or injury that was still bothering you last week or the week before?<br>(a) In what way did it bother you?<br>(b) Anything else?                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                          |
| 15. AT THE PRESENT TIME do you have any ailments or conditions that have lasted for a long time? (If "No") Even though they don't bother you all the time?<br>(a) What are they?<br>(b) Anything else?                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                          |
| 16. Has anyone in the family - you, your --, etc. - had any of those conditions DURING THE PAST 12 MONTHS?<br>(Read Card A, condition by condition; record any conditions mentioned in the column for the person)                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                          |
| 17. Does anyone in the family have any of these conditions?<br>(Read Card B, condition by condition; record any conditions mentioned in the column for the person)                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                          |
| R For persons 17 years old or over, show who responded for (or was present during the asking of) questions 11-17. If person responded for self, show whether entirely or partly. For persons under 17 show who responded for them.                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Responded for self-entirely<br><input type="checkbox"/> Responded for self-partly<br>Col. No. _____ was respondent                                                                                                                                                                                                                                                                                                       |
| 18. (a) Has anyone in the family been in a hospital DURING THE PAST 12 MONTHS?<br>If "Yes,"<br>(b) How many different times were you in the hospital overnight or longer?                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>-----<br>_____ No. of times                                                                                                                                                                                                                                                                                                                                                           |
| 19. (a) During the past 12 months has anyone in the family been a patient in a nursing home or sanitarium?<br>If "Yes,"<br>(b) How many times were you in a nursing home or sanitarium?                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>-----<br>_____ No. of times                                                                                                                                                                                                                                                                                                                                                           |
| 20. If baby under one year listed as a household member, ask:<br>(a) Was --- baby born in a hospital or at home?<br>If "hospital" in q. 20(a) and 1 or more in q. 18(b), ask:<br>(b) Was this hospitalization included in the number you just gave me?                                                                                                                                                                                                                                             | <input type="checkbox"/> Hospital <input type="checkbox"/> Home<br>-----<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                              |

| Table I - ILLNESSES, IMPAIRMENTS AND INJURIES |                    |                                                             |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               |                                                                                                                                        |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                          |                                                   |                                                                |                                                                                                    |
|-----------------------------------------------|--------------------|-------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Line number                                   | Col. No. of person | Question number                                             | Did you EVER talk to a doctor about ...? | Ask for all illnesses and present effects of old injuries:<br>(a) If doctor talked to: What did the doctor say it was? ... did he give it a medical name?<br>(b) If doctor not talked to: Record original entry and ask (d-2)-(d-5) as required.<br><br>Ask for all injuries during past 2 weeks:<br>What part of the body was hurt? What kind of injury was it? Anything else?<br>(Also, fill Table A for all injuries) | What was the cause of ...?<br>(This column is to be asked if entry in Col. (d-1) is an Impairment or a Symptom or If entry in Col. (d-1) is from q. 14 or q. 17) (If "Cause" is an injury, also fill Table A) | If eye trouble of any kind and 6 years old or over, ask:<br><br>Can you see well enough to read ordinary newspaper print with glasses? | What kind of ... is it?<br>Ask only for:<br>Any entry in Col. (d-1) or (d-2) that includes the words:<br>Asthma "condition"<br>Cysts "disease"<br>Growths "trouble"<br>Tumor "trouble"<br>For an allergy or stroke ask:<br>How does the ... affect you? | What part of the body is affected?<br>Ask only for:<br>Impairments; Injuries; and for:<br>Abscesses, boils, infections, inflammation, sores, ulcers<br>Aches, pains, soreness, weakness<br>Bleeding or blood clots<br>Cancer, tumor, cysts or growths<br>Neuralgia or neuritis<br>Virus<br>Show detail for:<br>Ear or eye - (one or both)<br>Head - (Skull, scalp, face)<br>Back - (Upper, middle, lower)<br>Arm - (Shoulder, upper, elbow, lower, wrist, hand; one or both)<br>Leg - (Hip, upper, knee, lower, ankle, foot; one or both) | LAST WEEK OR THE WEEK BEFORE did ... cause you to cut down on your usual activities for as much as a day?<br><br>Check one<br>No Yes<br>(Go to Col. (k)) | How many days, including the Saturday and Sunday? | How many of these days were you in bed all or most of the day? | If 6-16 years old ask:<br>How many days did ... keep you from school last week or the week before? |
| (a)                                           | (b)                | (c)                                                         | (d-1)                                    | (d-2)                                                                                                                                                                                                                                                                                                                                                                                                                    | (d-3)                                                                                                                                                                                                         | (d-4)                                                                                                                                  | (d-5)                                                                                                                                                                                                                                                   | (e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (f)                                                                                                                                                      | (g)                                               | (h)                                                            | (i)                                                                                                |
| 1                                             |                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                   |                                                                                                                                        |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                          |                                                   | Days<br><input type="checkbox"/> None                          | Days<br><input type="checkbox"/> None                                                              |

| Table II - HOSPITALIZATION DURING PAST 12 MONTHS |                    |                        |                                                |                                                                    |                                                             |                                                             |                                                                |                                                                                                                                                                                                                                                                                            |                                                                                                                                                    |
|--------------------------------------------------|--------------------|------------------------|------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Line number                                      | Col. No. of person | Question No.           | When did you enter the hospital? (Month, year) | How many nights were you in the hospital?                          | To Interviewer                                              |                                                             |                                                                | What did they say at the hospital the condition was -- did they give it a medical name? (If "they" didn't say, ask):<br><br>What did the last doctor you talked to say it was? (Show same detail as in cols. (d-1)-(d-5) of T.I) (If condition from accident or injury, also fill Table A) | Were any operations performed on you during this stay at the hospital? If "Yes," (a) What was the name of the operation? (b) Any other operations? |
|                                                  |                    |                        |                                                |                                                                    | How many of these -- nights were in the past 12 months?     | Will you need to ask cols. (f) and (g)?                     | How many of these -- nights were last week or the week before? |                                                                                                                                                                                                                                                                                            |                                                                                                                                                    |
| (a)                                              | (b)                | (c)                    | (d)                                            | (e)                                                                | (f)                                                         | (g)                                                         | (h)                                                            | (i)                                                                                                                                                                                                                                                                                        |                                                                                                                                                    |
| 1                                                |                    | Mo: _____<br>Yr: _____ | Nights                                         | <input type="checkbox"/> All or<br><input type="checkbox"/> Nights | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                                                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                |                                                                                                                                                    |
| 2                                                |                    | Mo: _____<br>Yr: _____ | Nights                                         | <input type="checkbox"/> All or<br><input type="checkbox"/> Nights | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                                                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                |                                                                                                                                                    |
| 3                                                |                    | Mo: _____<br>Yr: _____ | Nights                                         | <input type="checkbox"/> All or<br><input type="checkbox"/> Nights | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                                                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                |                                                                                                                                                    |

| X-RAY QUESTIONS                                                                                                                                                                            |                                                                   |                        |                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------|-------------------------------------------------------------------|
| 21. (a) We are interested in all kinds of X-rays - Did you have your teeth X-rayed during the past 3 months -- (that is, from -- through last Sunday)?<br>If "Yes,"<br>(b) How many times? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No       | No. of times _____     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No       |
| 22. During the past 3 months did you have a CHEST X-ray?                                                                                                                                   | <input type="checkbox"/> Yes-Chest<br><input type="checkbox"/> No | No. of times _____     | <input type="checkbox"/> Yes-Chest<br><input type="checkbox"/> No |
| 23. (a) Did you have any (other) kind of X-ray at all during the past 3 months?<br>If "Yes,"<br>(b) What part of the body was X-rayed?                                                     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No       | Part(s) of body: _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No       |

| Table X - FILL ONE LINE FOR EACH PART OF BODY ENTRY FROM QUESTIONS 22-25                                                                                                                                                                                  |                    |              |              |                                                                                  |                                                                                                 |                                                                                                                      |                                                                                  |                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------|--------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Line number                                                                                                                                                                                                                                               | Col. No. of person | Question No. | Part of body | How many different times did you have your ... X-rayed during the past 3 months? | Where did you have the X-ray(s)? How many X-rays were at the (hospital, doctor's office, etc.)? | What was this X-ray(s) for -- a check-up or an examination or for treatment?                                         | If "both" in col. (f) ask:<br>How many of these ... X-ray(s) were for treatment? | If "both" or "treatment" in col. (f) ask:<br>For what condition were you being treated? |
| (a)                                                                                                                                                                                                                                                       | (b)                | (c)          | (d)          | (e)                                                                              | (f)                                                                                             | (g)                                                                                                                  | (h)                                                                              |                                                                                         |
| 1                                                                                                                                                                                                                                                         |                    |              |              |                                                                                  | Hospital _____<br>Dr. office _____<br>Other _____                                               | <input type="checkbox"/> Check-up/examination<br><input type="checkbox"/> Treatment<br><input type="checkbox"/> Both |                                                                                  |                                                                                         |
| 2                                                                                                                                                                                                                                                         |                    |              |              |                                                                                  | Hospital _____<br>Dr. office _____<br>Other _____                                               | <input type="checkbox"/> Check-up/examination<br><input type="checkbox"/> Treatment<br><input type="checkbox"/> Both |                                                                                  |                                                                                         |
| 3                                                                                                                                                                                                                                                         |                    |              |              |                                                                                  | Hospital _____<br>Dr. office _____<br>Other _____                                               | <input type="checkbox"/> Check-up/examination<br><input type="checkbox"/> Treatment<br><input type="checkbox"/> Both |                                                                                  |                                                                                         |
| 26. During the past 12 months in which group did the total income of your family fall, that is, your's, your --'s, etc.? (Show Card H) Include income from all sources, such as wages, salaries, rents from property, pensions, help from relatives, etc. |                    |              |              |                                                                                  |                                                                                                 | Group No. _____                                                                                                      | Group No. _____                                                                  |                                                                                         |



Table I - ILLNESSES, IMPAIRMENTS AND INJURIES

| If 17 years old or over and if "Yes", in q. 10(a), 10(b) or 10(c), ask:<br><br>How many days did ... keep you from work last week or the week before? | Did you first notice... (did it happen) DURING THE PAST 3 MONTHS or before that time? |               | To Interviewer:<br><br>Did you first notice... DURING THE PAST 12 MONTHS or before that time?                       | How long since you last talked to a doctor about...? (If less than one month, enter "Und." for "Mo.")               | Do you still take any medicine or treatment that the doctor prescribed for...? Or, follow any advice he gave? | About how many days during the past 12 months, has... kept you in bed for all or most of the day? | If 1 or more days in col. (q-1) and col. (c) is checked, ask:<br><br>How many of these days were during last week or the week before? | Ask after completing last condition, for each person:                                                                                 |                                                                                                      |                                                                                                                                                     |                                                             | If "1", "2", or "3" in col. (r) ask: |                                                                                                 |                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                       | Check one<br>Before 3 mos.<br>(Go to Col. (n))                                        | During 3 mos. |                                                                                                                     |                                                                                                                     |                                                                                                               |                                                                                                   |                                                                                                                                       | Did... start during the past 2 weeks or before that time? (If during past 2 weeks, ask):<br>Which week, last week or the week before? | CON-TINUE if col. (k) is checked, or the condition is on Card A or is an impairment; otherwise, STOP | Please look at this card and read each statement. Then tell me which condition fits you best, in terms of health. (Show Cards C, F, as appropriate) | If "1", "2", or "3" in col. (r):<br>Which?                  |                                      | If "Yes" in col. (s);<br>Which?                                                                 | If "1" or "2" in col. (t) ask:<br><br>How long have you been...? (Insert the words of the statement selected) |
| (j)                                                                                                                                                   | (k)                                                                                   | (l)           | (m)                                                                                                                 | (n)                                                                                                                 | (o)                                                                                                           | (p)                                                                                               | (q-1)                                                                                                                                 | (q-2)                                                                                                                                 | (r)                                                                                                  | (s)                                                                                                                                                 | (t)                                                         | (u)                                  | (v)                                                                                             | (w)                                                                                                           |
| Days or None                                                                                                                                          |                                                                                       |               | <input type="checkbox"/> Last week<br><input type="checkbox"/> Week before<br><input type="checkbox"/> Before 2 wks | <input type="checkbox"/> During past 12 months<br><input type="checkbox"/> Before<br><input type="checkbox"/> Birth | Mos. Yrs. No Dr.                                                                                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> No Dr.    | Days or None                                                                                                                          | Days or None                                                                                                                          | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                          |                                                                                                                                                     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Mos. Yrs. Und. 17                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Und. 17 | 1                                                                                                             |

Table II - HOSPITALIZATION DURING PAST 12 MONTHS

|                                                                                                                                                                      |                                                                                                           |                                                                                     |                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------|
| For completed hospitalizations ("No" in Col. (g)) of persons 6 years old and over who show an operation, a setting of a fracture, or a delivery in Cols. (h) or (i): |                                                                                                           |                                                                                     | What is the name and address of the hospital you were in?     |
| How many nights were you in the hospital, before you had your operation (delivery, etc.)?                                                                            | After you left the hospital, how many days was it before you returned to your usual activities full-time? | If "still unable" in (k), ask:<br>How long has it been since you left the hospital? | (Enter name, city and State; if city not known, enter county) |
| (j)                                                                                                                                                                  | (k)                                                                                                       | (l)                                                                                 | (m)                                                           |
| No. of nights                                                                                                                                                        | No. of days<br><input type="checkbox"/> Still unable                                                      | <input type="checkbox"/> Over 6 months<br>If under 6 months:<br>Days Months         |                                                               |
| No. of nights                                                                                                                                                        | No. of days<br><input type="checkbox"/> Still unable                                                      | <input type="checkbox"/> Over 6 months<br>If under 6 months:<br>Days Months         |                                                               |
| No. of nights                                                                                                                                                        | No. of days<br><input type="checkbox"/> Still unable                                                      | <input type="checkbox"/> Over 6 months<br>If under 6 months:<br>Days Months         |                                                               |

X-RAY QUESTIONS

|                                                                                                                                                                                                                                        |                                                  |                                                 |                                                  |                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------|--------------------------------------------------|-------------------------------------------------|
| 24. (a) During the past 3 months, did anyone in the family have any X-rays for the treatment of a condition?<br>If "Yes,"<br>(b) What part of the body was treated?<br>(c) Was this included in the X-ray(s) you told me about before? | <input type="checkbox"/> Yes<br>Part(s) of body: | <input type="checkbox"/> No<br>Part(s) of body: | <input type="checkbox"/> Yes<br>Part(s) of body: | <input type="checkbox"/> No<br>Part(s) of body: |
| 25. (a) Did anyone in the family have a fluoroscope during the past 3 months?<br>If "Yes,"<br>(b) What part of the body was this for?<br>(c) Was this included in the X-ray(s) you told me about before?                               | <input type="checkbox"/> Yes<br>Part(s) of body: | <input type="checkbox"/> No<br>Part(s) of body: | <input type="checkbox"/> Yes<br>Part(s) of body: | <input type="checkbox"/> No<br>Part(s) of body: |

Table X - FILL ONE LINE FOR EACH PART OF BODY ENTRY FROM QUESTIONS 22-25

| Ask for each person with 2 or more lines in Table X:<br>(Ask after all X-rays have been recorded through cols. (a)-(h) of Table X for a person) |     |                                                        |     | FOOTNOTES        |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------------------|-----|------------------|-----|
| Were any of these... X-rays you told me about taken at the same time?<br>If "Yes,"<br>Which X-rays were these? (i)                              |     |                                                        |     |                  |     |
| No (Stop)                                                                                                                                       | Yes | Enter information below for X-rays taken at same time: |     |                  |     |
|                                                                                                                                                 |     | Part(s) of body:                                       | No. | Part(s) of body: | No. |
|                                                                                                                                                 |     | Part(s) of body:                                       | No. | Part(s) of body: | No. |
|                                                                                                                                                 |     | Part(s) of body:                                       | No. | Part(s) of body: | No. |
| Group No.                                                                                                                                       |     | Group No.                                              |     | Group No.        |     |

| Table A - (Accidents and Injuries)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                               |                                                                                                                              |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Line No.<br>from<br>Table I<br><br><div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div><br>Accident<br>happened<br>last<br>week or<br>week before<br>(Go to q. 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1. When did the accident happen?<br><br>Year: _____<br>(If 1960 or 1961 also enter the month)<br><br>Month: _____            | 2. At the time of the accident, what part of the body was hurt? What kind of injury was it?<br>Anything else? <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Part(s) of body</td> <td style="width: 50%; border: none;">Kind of injury(s)</td> </tr> <tr> <td style="border: none; height: 20px;"></td> <td style="border: none; height: 20px;"></td> </tr> <tr> <td style="border: none; height: 20px;"></td> <td style="border: none; height: 20px;"></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Part(s) of body                                               | Kind of injury(s)                                                                                                            |  |  |  |  |
| Part(s) of body                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Kind of injury(s)                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                               |                                                                                                                              |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                               |                                                                                                                              |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                               |                                                                                                                              |  |  |  |  |
| 3. (a) Was a car, truck, bus or other motor vehicle involved in the accident in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Section B)<br>(b) Was more than one motor vehicle involved? <input type="checkbox"/> Yes (more than one) <input type="checkbox"/> No<br>(c) Was it (either one) moving at the time? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Section B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                               |                                                                                                                              |  |  |  |  |
| 4. Were you outside the vehicle, getting in or out of it, a passenger or were you the driver? <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">               1. <input type="checkbox"/> Outside<br/>               (Go to Section A q. 5)             </td> <td style="width: 50%; border: none;">               2. <input type="checkbox"/> Getting in or out<br/>               3. <input type="checkbox"/> Passenger<br/>               4. <input type="checkbox"/> Driver             </td> </tr> </table> <div style="text-align: right; font-size: small;">(Go to Section A q. 6)</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 1. <input type="checkbox"/> Outside<br>(Go to Section A q. 5) | 2. <input type="checkbox"/> Getting in or out<br>3. <input type="checkbox"/> Passenger<br>4. <input type="checkbox"/> Driver |  |  |  |  |
| 1. <input type="checkbox"/> Outside<br>(Go to Section A q. 5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2. <input type="checkbox"/> Getting in or out<br>3. <input type="checkbox"/> Passenger<br>4. <input type="checkbox"/> Driver |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                               |                                                                                                                              |  |  |  |  |
| Section A - (Motor Vehicle Accidents)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                              | Section B - (Non-Motor Vehicle Accidents)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                               |                                                                                                                              |  |  |  |  |
| If "Outside" in q. 4, ask:<br>5. (a) How did the accident happen?<br><br>1. <input type="checkbox"/> Accident between motor vehicle and person riding on bicycle, in streetcar, on railroad train, on horse-drawn vehicle<br>2. <input type="checkbox"/> Accident between motor vehicle and person who was walking, running, or standing<br>3. <input type="checkbox"/> Other (Specify how the accident happened) _____<br><br>(b) What kind(s) of motor vehicle was involved?<br>1. <input type="checkbox"/> Car      2. <input type="checkbox"/> Taxi      3. <input type="checkbox"/> Bus<br>4. <input type="checkbox"/> Truck      5. <input type="checkbox"/> Motorcycle      6. <input type="checkbox"/> Other (Specify) _____<br><br>If "Getting in or out" "Passenger" or "Driver," in q. 4, ask:<br>6. (a) How did the accident happen?<br><br>1. <input type="checkbox"/> Accident between two or more motor vehicles on roadway<br>2. <input type="checkbox"/> Accident between motor vehicle and some other object on roadway<br>(Specify object) _____<br>3. <input type="checkbox"/> Motor vehicle came to sudden stop on roadway<br>4. <input type="checkbox"/> Motor vehicle ran off roadway<br>5. <input type="checkbox"/> Other (Specify how the accident happened) _____<br>_____ <input type="checkbox"/> Acc. on roadway<br>_____ <input type="checkbox"/> Acc. not on roadway<br>(b) What kind of motor vehicle were you in (getting in) (getting out of) when the accident happened?<br>1. <input type="checkbox"/> Car      2. <input type="checkbox"/> Taxi      3. <input type="checkbox"/> Bus<br>4. <input type="checkbox"/> Truck      5. <input type="checkbox"/> Motorcycle      6. <input type="checkbox"/> Other (Specify) _____ |                                                                                                                              | 7. How did the accident happen?<br>A.1. <input type="checkbox"/> Any injury involving an uncontrolled fire or explosion<br>2. <input type="checkbox"/> Any injury involving the discharge of a firearm<br>3. <input type="checkbox"/> Any injury from an accident involving a non-motor vehicle in motion (streetcar, railroad train, airplane, boat, bicycle, horse-drawn vehicle)<br>B.4. <input type="checkbox"/> Any injury caused by machinery (belt or motor driven) while in operation<br>(Specify kind of machinery) _____<br>5. <input type="checkbox"/> Any injury caused by edge or point of knife, scissors, nail or other cutting or piercing implement<br>6. <input type="checkbox"/> Any injury caused by foreign body in eye, windpipe, or other orifices<br>7. <input type="checkbox"/> Any injury caused by animal or insect<br>8. <input type="checkbox"/> Any injury caused by poisonous substance swallowed (Specify substance) _____<br>C.9. <input type="checkbox"/> Fell on stairs or steps or from a height<br>10. <input type="checkbox"/> All other falls<br>11. <input type="checkbox"/> Bumped into object or person (covers all collisions between persons including striking, punching, kicking, etc.)<br>12. <input type="checkbox"/> Struck by moving object (include objects held in own hand or hand of other person, also falling, flying, or thrown objects)<br>13. <input type="checkbox"/> Handling or stepping on sharp or rough objects such as stones, splinters, broken glass, rope, etc.<br>14. <input type="checkbox"/> Caught in, pinched or crushed between two moving objects or between a moving and a stationary object<br>15. <input type="checkbox"/> Came in contact with hot object or substance or open flame<br>16. <input type="checkbox"/> One-time lifting or other one-time exertion<br>17. <input type="checkbox"/> Twisting, stumbling, etc.<br>D.18. <input type="checkbox"/> Other (Specify how accident happened) _____<br>_____<br>_____<br>_____ |  |                                                               |                                                                                                                              |  |  |  |  |
| ASK FOR ALL ACCIDENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                               |                                                                                                                              |  |  |  |  |
| 8. (a) Where did the accident happen - at home or some other place?<br>1. <input type="checkbox"/> At home (inside house)      2. <input type="checkbox"/> At home (adjacent premises) <input type="checkbox"/> Some other place<br>If "Some other place," ask:<br>(b) What kind of place was it?<br>3. <input type="checkbox"/> Street and highway (includes roadway)      6. <input type="checkbox"/> School (includes school premises)<br>4. <input type="checkbox"/> Farm      7. <input type="checkbox"/> Place of recreation and sports, except at school<br>5. <input type="checkbox"/> Industrial place (includes premises)      8. <input type="checkbox"/> Other (Specify the place where accident happened) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                               |                                                                                                                              |  |  |  |  |
| 9. Were you at work at your job or business when the accident happened?<br>1. <input type="checkbox"/> Yes      2. <input type="checkbox"/> No      3. <input type="checkbox"/> While in Armed Services      4. <input type="checkbox"/> Under 17 at time of accident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                               |                                                                                                                              |  |  |  |  |
| FOOTNOTES AND COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                               |                                                                                                                              |  |  |  |  |
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| <p><b>Card A</b></p> <p><b>NATIONAL HEALTH SURVEY</b></p> <p><b>Check List of Chronic Conditions</b></p> <table border="0"> <tr> <td>1. Asthma</td> <td>15. Stomach ulcer</td> </tr> <tr> <td>2. Tuberculosis</td> <td>16. Any other chronic stomach trouble</td> </tr> <tr> <td>3. Chronic bronchitis</td> <td>17. Kidney stones or chronic kidney trouble</td> </tr> <tr> <td>4. Repeated attacks of sinus trouble</td> <td>18. Arthritis or rheumatism</td> </tr> <tr> <td>5. Rheumatic fever</td> <td>19. Mental illness</td> </tr> <tr> <td>6. Hardening of the arteries</td> <td>20. Diabetes</td> </tr> <tr> <td>7. High blood pressure</td> <td>21. Thyroid trouble or goiter</td> </tr> <tr> <td>8. Heart trouble</td> <td>22. Any allergy</td> </tr> <tr> <td>9. Stroke</td> <td>23. Epilepsy</td> </tr> <tr> <td>10. Trouble with varicose veins</td> <td>24. Chronic nervous trouble</td> </tr> <tr> <td>11. Hemorrhoids or piles</td> <td>25. Cancer</td> </tr> <tr> <td>12. Hay fever</td> <td>26. Chronic skin trouble</td> </tr> <tr> <td>13. Tumor, cyst or growth</td> <td>27. Hernia or rupture</td> </tr> <tr> <td>14. Chronic gallbladder or liver trouble</td> <td>28. Prostate trouble</td> </tr> </table> | 1. Asthma                                                                                                                                                                                                                                                                                                                                                                 | 15. Stomach ulcer                                                                                                                                                                                                                                                                                                                                        | 2. Tuberculosis                                                                                                                                                                                                                                                                                                                                                                                                               | 16. Any other chronic stomach trouble | 3. Chronic bronchitis | 17. Kidney stones or chronic kidney trouble | 4. Repeated attacks of sinus trouble | 18. Arthritis or rheumatism | 5. Rheumatic fever | 19. Mental illness | 6. Hardening of the arteries | 20. Diabetes | 7. High blood pressure | 21. Thyroid trouble or goiter | 8. Heart trouble | 22. Any allergy | 9. Stroke | 23. Epilepsy | 10. Trouble with varicose veins | 24. Chronic nervous trouble | 11. Hemorrhoids or piles | 25. Cancer | 12. Hay fever | 26. Chronic skin trouble | 13. Tumor, cyst or growth | 27. Hernia or rupture | 14. Chronic gallbladder or liver trouble | 28. Prostate trouble | <p><b>Card C</b></p> <p><b>NATIONAL HEALTH SURVEY</b></p> <p><b>For: Workers and other persons except Housewives and Children</b></p> <ol style="list-style-type: none"> <li>Not able to work at all.</li> <li>Able to work but limited in amount of work or kind of work.</li> <li>Able to work but limited in kind or amount of other activities.</li> <li>Not limited in any of these ways.</li> </ol> | <p><b>Card E</b></p> <p><b>NATIONAL HEALTH SURVEY</b></p> <p><b>For: Children from 6 through 16 years old</b></p> <ol style="list-style-type: none"> <li>Not able to go to school at all.</li> <li>Able to go to school but limited to certain types of schools or in school attendance.</li> <li>Able to go to school but limited in other activities.</li> <li>Not limited in any of these ways.</li> </ol> | <p><b>Card G</b></p> <p><b>NATIONAL HEALTH SURVEY</b></p> <ol style="list-style-type: none"> <li>Confined to the house all the time, except in emergencies.</li> <li>Able to go outside but need the help of another person in getting around outside.</li> <li>Able to go outside alone but have trouble in getting around freely.</li> <li>Not limited in any of these ways.</li> </ol> |
| 1. Asthma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 15. Stomach ulcer                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                       |                                             |                                      |                             |                    |                    |                              |              |                        |                               |                  |                 |           |              |                                 |                             |                          |            |               |                          |                           |                       |                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                           |
| 2. Tuberculosis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 16. Any other chronic stomach trouble                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                       |                                             |                                      |                             |                    |                    |                              |              |                        |                               |                  |                 |           |              |                                 |                             |                          |            |               |                          |                           |                       |                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                           |
| 3. Chronic bronchitis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 17. Kidney stones or chronic kidney trouble                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                       |                                             |                                      |                             |                    |                    |                              |              |                        |                               |                  |                 |           |              |                                 |                             |                          |            |               |                          |                           |                       |                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                           |
| 4. Repeated attacks of sinus trouble                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 18. Arthritis or rheumatism                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                       |                                             |                                      |                             |                    |                    |                              |              |                        |                               |                  |                 |           |              |                                 |                             |                          |            |               |                          |                           |                       |                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                           |
| 5. Rheumatic fever                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 19. Mental illness                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                       |                                             |                                      |                             |                    |                    |                              |              |                        |                               |                  |                 |           |              |                                 |                             |                          |            |               |                          |                           |                       |                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                           |
| 6. Hardening of the arteries                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 20. Diabetes                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                       |                                             |                                      |                             |                    |                    |                              |              |                        |                               |                  |                 |           |              |                                 |                             |                          |            |               |                          |                           |                       |                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                           |
| 7. High blood pressure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 21. Thyroid trouble or goiter                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                       |                                             |                                      |                             |                    |                    |                              |              |                        |                               |                  |                 |           |              |                                 |                             |                          |            |               |                          |                           |                       |                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                           |
| 8. Heart trouble                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 22. Any allergy                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                       |                                             |                                      |                             |                    |                    |                              |              |                        |                               |                  |                 |           |              |                                 |                             |                          |            |               |                          |                           |                       |                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                           |
| 9. Stroke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 23. Epilepsy                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                       |                                             |                                      |                             |                    |                    |                              |              |                        |                               |                  |                 |           |              |                                 |                             |                          |            |               |                          |                           |                       |                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                           |
| 10. Trouble with varicose veins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 24. Chronic nervous trouble                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                       |                                             |                                      |                             |                    |                    |                              |              |                        |                               |                  |                 |           |              |                                 |                             |                          |            |               |                          |                           |                       |                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                           |
| 11. Hemorrhoids or piles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 25. Cancer                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                       |                                             |                                      |                             |                    |                    |                              |              |                        |                               |                  |                 |           |              |                                 |                             |                          |            |               |                          |                           |                       |                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                           |
| 12. Hay fever                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 26. Chronic skin trouble                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                       |                                             |                                      |                             |                    |                    |                              |              |                        |                               |                  |                 |           |              |                                 |                             |                          |            |               |                          |                           |                       |                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                           |
| 13. Tumor, cyst or growth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 27. Hernia or rupture                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                       |                                             |                                      |                             |                    |                    |                              |              |                        |                               |                  |                 |           |              |                                 |                             |                          |            |               |                          |                           |                       |                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                           |
| 14. Chronic gallbladder or liver trouble                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 28. Prostate trouble                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                       |                                             |                                      |                             |                    |                    |                              |              |                        |                               |                  |                 |           |              |                                 |                             |                          |            |               |                          |                           |                       |                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                           |
| <p><b>Card B</b></p> <p><b>NATIONAL HEALTH SURVEY</b></p> <p><b>Check List of Selected Impairments</b></p> <ol style="list-style-type: none"> <li>Deafness or serious trouble with hearing</li> <li>Serious trouble with seeing, even when wearing glasses</li> <li>Cleft palate</li> <li>Any speech defect</li> <li>Missing fingers, hand, or arm---toes, foot, or leg</li> <li>Palsy</li> <li>Paralysis of any kind</li> <li>Repeated trouble with back or spine</li> <li>Club foot</li> <li>Permanent stiffness or any deformity of the foot, leg, fingers, arm or back</li> <li>Any condition present since birth</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p><b>Card D</b></p> <p><b>NATIONAL HEALTH SURVEY</b></p> <p><b>For: Housewife</b></p> <ol style="list-style-type: none"> <li>Not able to keep house at all.</li> <li>Able to keep house but limited in amount or kind of housework.</li> <li>Able to keep house but limited in kind or amount of other activities.</li> <li>Not limited in any of these ways.</li> </ol> | <p><b>Card F</b></p> <p><b>NATIONAL HEALTH SURVEY</b></p> <p><b>For: Children under 6 years old</b></p> <ol style="list-style-type: none"> <li>Not able to take part at all in ordinary play with other children.</li> <li>Able to play with other children but limited in amount or kind of play.</li> <li>Not limited in any of these ways.</li> </ol> | <p><b>Card H</b></p> <p><b>NATIONAL HEALTH SURVEY</b></p> <p><b>Family income during past 12 months</b></p> <p>Group 1. Under \$500 (including loss)</p> <p>Group 2. \$500- \$999</p> <p>Group 3. \$1,000- \$1,999</p> <p>Group 4. \$2,000- \$2,999</p> <p>Group 5. \$3,000- \$3,999</p> <p>Group 6. \$4,000- \$4,999</p> <p>Group 7. \$5,000- \$6,999</p> <p>Group 8. \$7,000- \$9,999</p> <p>Group 9. \$10,000 and over</p> |                                       |                       |                                             |                                      |                             |                    |                    |                              |              |                        |                               |                  |                 |           |              |                                 |                             |                          |            |               |                          |                           |                       |                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                           |

# SELECTED REPORTS FROM THE U. S. NATIONAL HEALTH SURVEY

Public Health Service Publication No. 584

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39 p. diagrs. tables 27 cm. (Its Health statistics, ser. B-36)  
U. S. Public Health Service Publication no. 584-B36

1. Diseases, Chronic. I. Title. II. Title: Statistics on persons limited in their activity and on persons limited in mobility, due to chronic conditions. (Series)

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